Health Care Financing Program Statistics

Medicare: Use of Short-Stay Hospitals by Aged Inpatients

Annual Summary, 1977

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Office of Research, Demonstrations, and Statistics

Health Care Financing Program Statistics

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Prepared by: Charles Helbing

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Department of Health and Human Services
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Introduction

Purpose

This report presents national estimates on the use of participating short-stay hospitals by aged Medicare beneficiaries during 1977. Data is presented by the demographic characteristics of the inpatients discharged, their State of residence, characteristics of the hospitals where the inpatients were treated, the primary diagnosis, and the surgical procedures performed. Hospital use is measured by the numbers and rates per 1,000 hospital insurance (HI) enrollees of discharges and days of care, the average length of stay (ALOS) per discharge, and the number of persons with hospital stays during the year. In addition, data are presented on hospital charges and amounts reimbursed under the Medicare hospital insurance (HI) program.

The annual total days of care (TDOC) rate per 1,000 HI enrollees is the most important statistic for analyzing hospital use since it has direct expenditure implications. The TDOC rate is a function of two other variables—the annual number of discharges per 1,000 HI enrollees and the ALOS per discharge. Because discharge rates and ALOS may move in opposite directions (that is, ALOS can fall while the discharge rate increases as happened during the period 1967-1977), these variables are not by themselves adequate measures of total hospital use.

The use and cost data related to discharges of aged Medicare beneficiaries from short-stay hospitals during 1977 are compared to the data for earlier years of the program. Thus, this paper provides an assessment of hospital use patterns over time.

Most of the data presented in this report represent hospital discharges; that is, hospital stays. However, the last section of this report summarizes the data in terms of persons using inpatient hospital services.

Organization of Report

In order to provide a longitudinal perspective on the use of short-stay hospital services by the aged in 1977, hospital discharge trend data are presented for the years 1967 to 1977 (Note: The data for 1977 in General Table I show projected final use and cost estimates in addition to the tabulated estimates for 1977 so that users can compare this data with that shown for earlier years.)

The major portion of the report examines the characteristics of aged beneficiaries, the characteristics of participating providers, and use and cost patterns for aged beneficiaries discharged from short-stay hospitals during 1977. Variations in hospital use by demographic characteristics (age, race, sex, and residence) of the aged beneficiaries, and provider characteristics are presented and discussed.

This report was written in the Program Statistics Branch, Herbert A. Silverman, Chief. It is one of a series prepared in the Office of Research, Judith Lave, Director, to provide a description and analysis of the use and cost of the health care benefits furnished to the beneficiaries of the Medicare and Medicaid programs administered by the Health Care Financing Administration. The report was written under the administrative supervision of Allen Dobson, Director, Division of Beneficiary Studies.

Since diagnosis and surgery are basic aspects of hospitalization that assess use, distributions of discharges are presented by principal diagnostic categories and surgical procedures. The composition of hospital charges for short-stay hospital services rendered to aged beneficiaries are discussed. The differences in amounts reimbursed by the demographic characteristics of the aged beneficiaries, and the characteristics of the participating providers of service are discussed in detail. The number of deaths among aged Medicare beneficiaries in short-stay hospitals are reported and the differences in the proportions of deaths by demographic characteristics are examined.

References in the text to general tables refer to tables denoted by Roman numerals which follow the text section. Tables with Arabic numerals are those in the text. The Medicare statistical system is designed so that discharge records for short-stay hospital services can be generated for each insured individual. Statistical records maintained on a "person" basis make it possible to cumulate multiple hospital stays (discharges) for each individual beneficiary and to record that person's total pattern of use and the amounts reimbursed. Therefore, data and information on the number of aged persons discharged from short-stay hospitals under the Medicare HI program during 1977 are reported.

Summary of Findings

Use Trends, 1967-1977

Between 1967 and 1977, the total days of care (TDOC) covered by Medicare increased at an average annual rate of about 1.5 percent—about the same as the rate of increase in the number of hospital insurance (HI) beneficiaries. Thus, the TDOC rate was about the same in 1977 as in 1967—about 3,700 days per 1,000 enrollees.

The approximate equality in the TDOC rate for 1967 and 1977 reflects the net effect of offsetting trends in the discharge rate and in the average length of stay (ALOS). The discharge rate increased from 268 per 1,000 HI enrollees in 1967 to about 331 in 1977—an increase of about 24 percent. During this period, the ALOS per discharge declined by about the same percentage, from 13.8 days to 10.9 days.

Reimbursement Trends, 1967-1977

Total HI short-stay hospital interim reimbursements for the aged more than quadrupled between 1967 and 1977, going from $2.8 billion to $12.0 billion, an average annual increase of 15.9 percent.

Between 1967 and 1977, the proportion of Medicare benefits paid for inpatient hospital services to the aged, of which short-stay hospital was the principal component, increased from 62.7 to 69.8 percent.

During this period, the average reimbursement per discharge rose from $528 to $1,551 and the average reimbursement per covered day increased from $40 to $145.

The increase in Medicare short-stay hospital reimbursements for the aged between 1967 and 1977 was primarily a function of the increased cost of hospital care as measured by reimbursement per covered day.

Use of Short-Stay Hospital Services by Demographic Characteristics of Patients, 1977

In 1977, hospital use and demographic characteristics showed the same basic relationships that existed in previous years. The TDOC rate was higher for older patients—2,649 per 1,000 enrollees at ages 65-69 compared to 5,362 per 1,000 at ages 85 and over. This reflects both a higher discharge rate and longer average length of stay for older age groups.

The TDOC rate was higher for men than for women—3,800 per 1,000 enrollees compared to 3,444 per 1,000. The discharge rate was higher for men (361 per 1,000 enrolled) than for women (310 per 1,000), which more than offset the higher ALOS for women (11.1 days) compared to men (10.5 days). These differences in use patterns by sex held for all age groups.

By race, the TDOC rate was higher for whites than for minorities, 3,613 per 1,000 enrollees for whites compared to 3,407 per 1,000 for minorities. Also, the discharge rate was higher for whites (337 per 1,000 enrolled) than for minorities (280 per 1,000), but minorities had a higher ALOS (12.2 days compared to 10.7 days for whites).

The Northeast replaced the North Central as the region with the highest TDOC rate per 1,000 enrollees. In 1977, the Northeast had a TDOC rate of 3,936 days per 1,000 enrollees compared to 3,867 for the North Central States.

The annual TDOC rate in the Northeast reflected the highest ALOS (13.3 days) among the regions (22 percent above the national average), which more than offset its having the lowest discharge rate among the regions (296 per 1,000 enrollees) which was about 12 percent below the national average.

Use of Short-Stay Hospital Services by Hospital Bed Size and Control, 1977

The ALOS was longer in hospitals with 750 or more beds (12.8 days) than in hospitals with fewer than 50 beds (8.4 days). The proportion of discharges with surgery was higher for larger hospitals, ranging from 18.5 percent for hospitals with under 100 beds to 41 percent for hospitals with 500 or more beds. Voluntary nonprofit hospitals operated by church and other nonprofit groups accounted for about 71 percent of all discharges and almost 74 percent of the days of care. Voluntary hospitals had an ALOS of 11.3 days compared to less than 10 days for government and proprietary hospitals. About 36 percent of all discharges from voluntary hospitals had surgery compared to 31 percent for proprietary and 25 percent for government hospitals.

Use by Diagnosis, 1977

Diseases of the circulatory system accounted for an estimated 2.1 million discharges—about 27 percent of all discharges from short-stay hospitals in 1977. Other diagnostic groups with large frequencies were diseases of the digestive system (0.8 million); neoplasms (0.8 million); diseases of the respiratory system (0.6 million); and, accidents, poisonings, and violence (0.6 million).

Use by Surgery, 1977

About one-third of all hospital discharges in 1977 involved surgery. The proportion of discharges with surgery was lower for older ages—ranging from 38 percent for those 65-69 years to about 25 percent for those 85 years and over. The proportion of discharges with surgery was higher for men (36 percent) than for women (31 percent), and slightly higher for whites (33 percent) than for minorities (30 percent). The ALOS for discharges with surgery was 12.6 days compared to 10.0 days for discharges without surgery. Surgery of the digestive system accounted for about 22 percent of all discharges with surgery. Other leading surgical classes were musculoskeletal surgery (11 percent), eye surgery (12 percent), and urinary surgery (11 percent).

Charges and Reimbursements, 1977

Interim reimbursements for short-stay hospital services in 1977 amounted to $12.0 billion. It is estimated that an additional $0.4 billion retroactive reimbursements followed the audit of hospital cost reports. Average reimbursements were $1,551 per discharge and $145 per covered day. About 45 percent of total hospital reimbursements were for discharges with stays of 14 days or fewer (which accounted for 77 percent of all discharges and 47 percent of the covered days of care). Discharges with surgery accounted for about 33 percent of all discharges and 43 percent of the total amount reimbursed. Reimbursements for discharges with surgery averaged $2,021 and reimbursements for non-surgical discharges averaged $1,317; the average reimbursements per covered day were $161 and $134, respectively. Discharges ending in the death of the patient (about 6.6 percent of all discharges) averaged $166 per covered day and $2,035 per discharge; for live discharges the amounts were $143 and $1,516, respectively. Since ALOS was longer, and reimbursement per covered day was higher for larger hospitals, hospitals with 300 or more beds accounted for 45 percent of the covered days of care and 51 percent of all reimbursements although they accounted for only 41 percent of the discharges. Voluntary hospitals accounted for 71 percent of the discharges, 74 percent of the covered days of care, and 76 percent of the reimbursements.

Hospital reimbursement per beneficiary was increasingly higher with age—$393 for those age 65-69 and $721 for those 85 and over. Average reimbursement per beneficiary was higher for men ($561) than for women ($481), and for whites ($516) than for minorities ($499). Average reimbursement per beneficiary was highest in the Northeast ($576) and lowest in the South ($452).

Discharges by Person

In 1977, about 5.3 million aged beneficiaries were discharged from short-stay hospitals. About 70 percent were discharged once, about 20 percent were discharged twice, and the remainder were discharged three or more times. Persons discharged more than once accounted for 53 percent of all discharges.

Trends in the Use of Short-Stay Hospitals, 1967-1977

The initial impact of Medicare caused an increase in short-stay hospital use by beneficiaries age 65 and over. The use of inpatient services, as measured by the total days of care (TDOC) rate, was about 25 percent higher during the first full year of the program (3,701 per 1,000 enrollees in 1967) than in the year preceding implementation. The rise in total hospital use resulted in an increase of an estimated 11 percent in the discharge rate (268 per 1,000 in 1967), and 12 percent in the average length of stay per discharge (13.8 days in 1967) (Loewenstein, 1971).

As shown in General Table I, hospital use rates for aged beneficiaries continued the upward trend begun during the first year of the program (Medicare: Health Insurance for the Aged and Disabled, 1977). Total hospital use, as measured by the TDOC rate per 1,000 enrollees, increased by about 6 percent, going from 3,701 in 1967 to 3,938 in 1968. This resulted from an increase of about 6 percent in the discharge rate per 1,000 enrollees—which rose from 268 to 285—while the ALOS remained constant at 13.8 days.

The rapid growth in the rate of hospital use by the aged population ended in 1969. The TDOC rate in 1969 was 3,947 per 1,000 enrollees—very close to the rate in 1968. Although the discharge rate per 1,000 enrollees increased about 2 percent—from 285 to 292—it was offset by a decline in ALOS from 13.8 to 13.5 days.

In 1970, hospital use by the aged declined—TDOC per 1,000 enrollees decreased from 3,947 to 3,800, or about 3.7 percent. The discharge rate remained constant at about 292 per 1,000 enrollees, but ALOS continued to decline, from 13.5 to 13.0 days. A similar decline in the TDOC rate took place in 1971.

As a result of offsetting trends in the discharge rate and the ALOS per discharge, the TDOC rate per 1,000 enrollees remained stable throughout the 1972-1976 period. During that period, the discharge rate per 1,000 enrollees increased overall by about 10 percent—from 302 to 332—while ALOS dropped about 8 percent, from 12.1 to 11.1 days. The trends in these three variables for the period 1967-1977 are illustrated in Figures 1, 2, and 3.

In absolute terms, the number of inpatient days covered by the Medicare program increased from 68.5 million days in 1967 to almost 83.0 million days in 1977. This represents an average annual rate of increase of about 1.5 percent, which is about the same rate of increase as in the number of HI beneficiaries during that period. As noted in General Table I, Medicare reimbursements increased at an average annual rate of 15.9 percent. During this period, as shown in Table 1, the proportion of Medicare benefits paid to the aged for inpatient hospital services (of which short-stay hospital services was the principal component) increased from 62.7 to 69.8 percent.

TABLE 1
Percent Distribution of Reimbursements to Aged Medicare Beneficiaries by Type of Benefit, 1967 and 1977

Type of Benefit	1967	1977
Total	100.0	100.0
Hospital inpatient	62.7	69.8
Skilled nursing facility	6.5	1.6
Outpatient	0.9	3.6
Physician and other medical	28.9	23.1
Home health agency (HI and SMI)	1.0	1.9

Source: Unpublished HCFA data.

The 1977 data presented are incomplete to the extent that an estimated 2 percent of the discharge records for 1977 had not been processed and included in the stay record statistical file used to prepare this report.

The data shown for each of the years 1967 through 1976 (General Table I) represent estimates of total Medicare use and costs for aged beneficiaries discharged from short-stay hospitals. To facilitate longitudinal comparisons, projected short-stay hospital use rates for 1977, based on discharges recorded in internal HCFA controls, are also shown in General Table I. These projected rates indicate that the final 1977 TDOC rate (3,720 per 1,000 HI enrollees) is slightly higher than that shown for 1976 (3,684 per 1,000). This reflects the slight increase in the discharge rate and a less than offsetting decrease in ALOS.

During the period 1967-1977, there were sizeable increases in the amounts reimbursed for short-stay hospital services under Medicare.[1] The amount expended for short-stay hospital services to the aged nearly quadrupled (General Table I), going from $2.8 billion in 1967 to $12.0 billion in 1977 (an average annual increase of 15.9 percent). The average reimbursement per discharge nearly tripled going from $528 to $1,551, and the average reimbursement per covered day increased by about 3.6 times from $40 to $145. The decline in interim reimbursements as a percentage of hospital charges—from 78.2 in 1967 to 72.8 in 1977—indicates that hospital charges grew at a faster rate than reimbursable costs over the study period.

[1]Reimbursements represent amounts paid from the Hospital Insurance (HI) Trust Fund to participating providers for covered services received by persons enrolled in the program. Reimbursements exclude deductibles, coinsurance amounts, and noncovered services. Payments shown in this report reflect reimbursements based on interim rates, usually established as a per diem amount or a percentage of total charges. The final amount due each provider of medical services is determined after the end of the fiscal year on the basis of audits.

FIGURE 1
Total Days of Care Rate (Annual)
Per 1,000 Enrollees

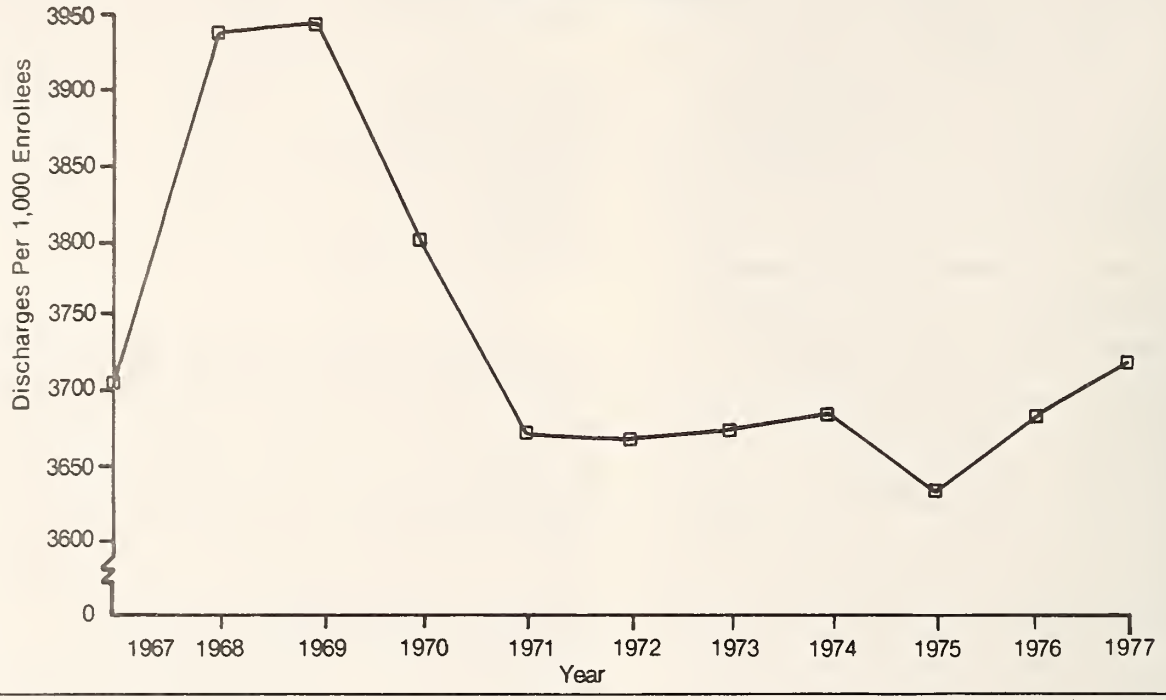


FIGURE 2
Discharge Rate (Annual)
Per 1,000 Enrollees

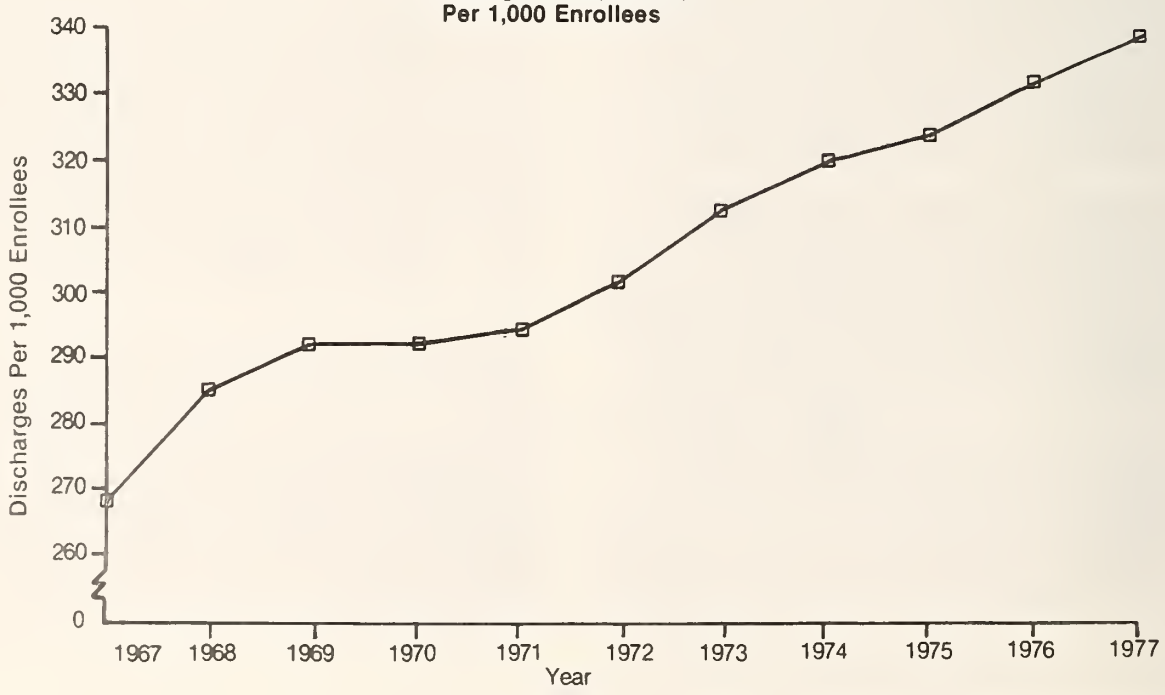
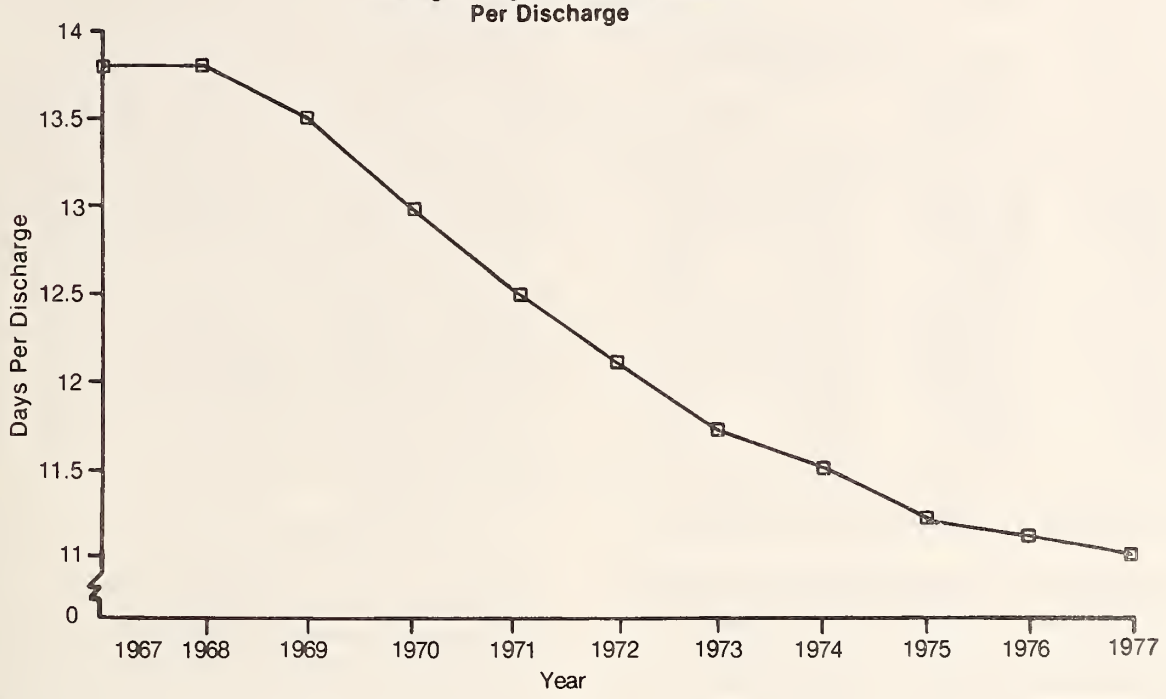


FIGURE 3
Average Length of Stay (Annual) Per Discharge



As indicated above, during the period 1967 to 1977, reimbursements for short-stay hospital services to the aged rose at an average annual rate of 15.9 percent. There were two exceptional years when the rate of increase was much greater than the average. Reimbursements increased about 27 percent from 1967 to 1968 and 23 percent in 1975 following the expiration of the Economic Stabilization Program (ESP) in 1974 (Helbing, HCFA Pub. No. 03053).

The increase in Medicare short-stay hospital reimbursements for the aged between 1967 and 1977 was primarily a function of the increased cost of hospital care as measured by reimbursement per day. The remainder of the increase was due to the greater number of days of care used by the aged and is attributed to the increased HI enrollment during the period. The increase in the hospital cost per day during this period was due primarily to inflation and the increase in the number and technical complexity of services performed (U.S. Congressional Budget Office, 1977).[2]

The increasing number of the elderly, their increasing longevity, and the rising costs of hospital services make it almost inevitable that Medicare reimbursements for short-stay hospital services to the aged will continue the rising pattern of the past. Medicare actuaries estimate that by fiscal year 1984, total inpatient hospital reimbursements may rise to $32.4 billion.

Hospital data for the entire United States population show that Medicare inpatients consistently accounted for about one-third of the total days of care for all patients discharged from short-stay hospitals during the period 1967-1977 (American Hospital Association, 1978). As shown in Table 2, the percentages of total days of care used by aged Medicare enrollees ranged from a high of 34.0 percent in 1968 to a low of 31.5 percent in 1974.

Medicaid (Title XIX of the Social Security Act)—program designed to provide medical assistance to specified groups of needy individuals—accounted for about 30.1 million days of care, about 13 percent of the total days of care of all patients discharged from short-stay hospitals during 1977. Of this total, about 17 percent was for recipients aged 65 years and over.[3]

[2]U.S. Congressional Budget Office (CBO) Expenditures for Health Care: Federal Programs and Their Effects; Washington, D.C. 1977. The CBO study estimated that for the period 1965-1967, about 62.5 percent of the increase in the daily hospital cost per patient was attributable to increased numbers and quality of services performed. Higher wages and prices (that is, inflation) accounted for only 37.5 percent of the increase in daily hospital cost per patient. On the other hand, inflation seems to have played a greater role in the escalation of hospital costs following the expiration of the Economic Stabilization Program. The CBO study estimated that for 1975 approximately two-thirds of the increase in the hospital cost per patient day was due to higher wages and prices.

[3]Estimate furnished by Medicaid Program Data Branch, Office of Research, Health Care Financing Administration.

TABLE 2
Total Days of Care in Short-Stay Hospitals for Aged Medicare Beneficiaries and Total U.S. Population, 1967-1977 (in thousands)

Year	All Days of Care[1]	Days of Care of Medicare Beneficiaries	
		Number	Percent of Total Days
1967	224,000	72,146	32.2
1968	229,118	77,846	34.0
1969	234,508	79,002	33.7
1970	239,866	77,363	32.3
1971	241,136	76,125	31.6
1972	243,138	77,198	31.8
1973	247,736	78,987	31.9
1974	256,955	80,880	31.5
1975	258,096	81,592	31.6
1976	262,324	84,438	32.2
1977	261,083	84,251	32.3

[1]American Hospital Association Hospital Statistics, 1978 Edition (Data from the AHA 1977 annual survey), Table 1.

Use of Short-Stay Hospitals by Characteristics of Inpatients and Hospitals

During 1977, about 5.3 million aged persons accounted for an estimated 7.8 million short-stay hospital discharges. The patterns of use of short-stay hospitals differed by the demographic characteristics of the enrollees, residence, and hospital size and type of hospital control. The data for the principal demographic characteristics on use of short-stay hospital services are summarized in Table 3.

Demographic Characteristics

Age

Short-stay hospital use in 1977 varied substantially with the age of the beneficiaries. The annual TDOC rate per 1,000 enrollees for persons 85 years and over (5,362) was more than twice that of persons 65 to 69 years of age (2,649). The large difference in the TDOC rate between the youngest and the oldest age groups reflects a longer ALOS and a higher discharge rate for the older beneficiaries. The discharge rate per 1,000 enrollees was 265 for beneficiaries age 65-69 and 448 for those age 85 years and over—a difference of about 69 percent. ALOS per discharge was 10.0 days and 12.0 days, respectively.

Sex

There were substantial differences between men and women in the use of short-stay hospital services. Of the 7.8 million discharges of aged HI beneficiaries from short-stay hospitals during 1977, an estimated 3.4 million were men and 4.3 million were women. Men used an estimated 36.2 million days of care compared to 48.0 million days of care used by women; the ALOS was 10.5 days for men and 11.1 days for women.

During 1977, men comprised about 41 percent of the total aged HI enrollment population but accounted for about 44 percent of all discharges from short-stay hospitals. Therefore, men used hospital services at a greater rate than did women. As shown in Table 3, in 1977, men had a higher TDOC rate per 1,000 enrollees—3,800 for men and 3,444 for women—a difference of 10 percent. This resulted from men having a substantially higher discharge rate than women. The discharge rate per 1,000 enrollees was 361 for men and 310 for women, a difference of over 16 percent. The smaller difference (10 percent) in the TDOC rates between men and women was due to women staying in the hospital, on the average, about 0.6 days longer than did men.

These differences in use patterns by sex held across all age groups (General Table II). The comparative discharge rates per 1,000 male enrollees was 293 for the 65-69 age group and 514 at 85 years and over, while for women the rates ranged from 243 to 418 for the corresponding age groups. Similarly, for ALOS the range was from 9.9 days to 11.5 days for men, and from 10.1 days to 12.2 days for women. This pattern of use shows that older Medicare patients of both sexes are hospitalized more frequently and for longer periods, probably reflecting greater severity of illness.

Race

White persons accounted for an estimated 7.0 million discharges, or about 90.4 percent of all short-stay hospital discharges. Persons of all other races accounted for 533,000 discharges or 7.1 percent of the total discharge population. The remaining 193,000 discharges were persons whose race was unknown.

The number of days of care in 1977 totaled 75.4 million for white patients and 6.7 million for all other patients. The ALOS per discharge was 10.7 days for white patients and 12.2 days for all others. The difference in ALOS between the two racial groups may be attributable to differences in the severity of illness upon admission to the hospital (National Center for Health Statistics, 1969).

The annual TDOC rate per 1,000 enrollees for white persons (3,613) exceeded that for persons of all other races (3,407) by about 6 percent. Although the annual discharge rate per 1,000 enrollees of white persons (337) exceeded that of persons of other races (280) by over 20 percent, the difference in the TDOC rate was smaller because the average hospital stay for persons of all other races was approximately 1.5 days longer than the average stay of white persons (Table 3).

TABLE 3
Discharges, Total Days of Care, and Average Length of Stay for Aged Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, 1977

Demographic Characteristics	Enrollment[1]	Discharges		Total Days of Care		Average Length of Stay Per Discharge
		Number	Rate Per 1,000 Enrolled	Number	Rate Per 1,000 Enrolled	
All Areas[2]	23,474,546	7,768	331	84,251	3,589	10.9
United States	23,025,604	7,713	335	83,667	3,637	10.9
Age (years)						
65-69	7,837,985	2,078	265	20,760	2,649	10.0
70-74	6,148,493	1,910	311	20,140	3,276	10.5
75-79	4,448,968	1,625	365	18,005	4,047	11.1
80-84	2,956,108	1,222	413	14,178	4,796	11.6
85 and over	2,082,992	933	448	11,168	5,362	12.0
Sex						
Men	9,537,395	3,445	361	36,245	3,800	10.5
Women	13,937,151	4,323	310	48,006	3,444	11.1
Race						
Whites	20,857,348	7,022	337	75,366	3,613	10.7
All Other Races	1,976,861	553	280	6,734	3,407	12.2
Residence						
Northeast	5,656,542	1,678	296	22,262	3,936	13.3
North Central	6,281,929	2,190	348	24,289	3,867	11.1
South	7,309,814	2,667	364	26,716	3,655	10.0
West	3,757,994	1,177	313	10,387	2,764	8.8
Other Areas[4]	442,953	55	118	583	1,246	10.6

[1]As of July 1, 1977.
[2]Includes unknown race and residence.
[3]Excludes unknown race.
[4]Includes Puerto Rico, Virgin Islands, Guam, American Samoa, and foreign countries.

Differences in ALOS by race held for all age groups; however, these differences became progressively smaller with age. The relationship between ALOS and age, as previously described, held for white persons only. For whites, ALOS was 9.8 days at ages 65-69 and 11.9 days for those 85 and over. For persons of all other races, ALOS was 11.6 days for the 65-69 age group and about 12.6 days for beneficiaries aged 75 years and over.

This analysis reveals that age, sex, and race had a substantial influence on the use of short-stay hospitals by aged Medicare inpatients during 1977. Furthermore, Medicare data tabulations for earlier years show that the patterns described above have, for the most part, persisted since the start of the program (Helbing, HCFA Pub. No. 03053). In summary, short-stay hospital use rates (TDOC and discharge) are higher for older age groups, are higher for men than for women, and are higher for white persons than for persons of other races. Medicare data also show that the ALOS per discharge is longer for women than for men, for persons of all other races than for white persons, and longer for older age groups.

Geographic Region

In 1977, there were substantial regional differences in the pattern of use of short-stay hospital services (Deacon, 1979). As shown in Table 3, the discharge rates from short-stay hospitals in 1977 by geographic region ranged from an estimated 296 per 1,000 HI enrollees in the Northeast to 364 per 1,000 in the South.

The ALOS per discharge also differed considerably by geographic region, ranging from a low of 8.8 days in the West to a high of 13.3 days in the Northeast.

Because of the regional differences in the discharge rate and the ALOS, there were substantial regional variations in the relative use of hospital care as measured by the TDOC rate per 1,000 enrollees. The Northeast displayed the highest annual TDOC rate (3,936 per 1,000) and reflected the highest ALOS (13.3 days) among the regions (22 percent above the national average) despite having the lowest discharge rate among the regions (296 per 1,000)—about 12 percent below the national average. In contrast, the West had the lowest TDOC rate (2,764 per 1,000), reflecting

the lowest ALOS (8.8 days) among the regions (about 24 percent below the national average) and a discharge rate (313 per 1,000) which was about 6 percent below that for the country as a whole.

The South comprised the largest proportion of HI enrollees (31.1 percent), accounted for the largest proportion of aged Medicare discharges (34.3 percent), the highest total days of care (31.7 percent), and the highest discharge rate (364 per 1,000 enrollees). The relationship in these measures of the South to the other regions is shown in Table 4.

The West, which had the smallest proportion of the total Medicare HI enrollment population (16.0 percent), had a discharge rate somewhat below the national average (313 per 1,000). Thus, the proportion of all discharges in the West (15.2 percent) was below the proportion of HI enrollees residing there. These factors, coupled with the lowest ALOS among the regions (8.8 days) resulted in the West using only 12.3 percent of all inpatient short-stay hospital days which was about 23 percent below the proportion the West comprised of the aged HI enrollment.

TABLE 4
Percent Distribution of Medicare Enrollment Population, Aged Medicare Short-Stay Hospital Discharges and Total Days of Care, by Geographic Region, 1977

Use Measure	All Areas[1]	North-east	North Central	South	West
HI Enrollment	100.0	24.1	26.8	31.1	16.0
HI Discharges	100.0	21.6	28.2	34.3	15.2
HI Total Days of Care	100.0	26.4	28.8	31.7	12.3

[1]Measures for areas outside the 50 States and the District of Columbia not shown separately.

Hospital Characteristics

As shown in Table 5, voluntary nonprofit hospitals operated by church and other nonprofit groups accounted for about 5.5 million discharges, or approximately 71 percent of all aged Medicare patients discharged from short-stay hospitals during 1977. In contrast, proprietary hospitals accounted for an estimated 700,000 discharges or only about 9 percent of all aged Medicare discharges. Government hospitals accounted for 1.6 million discharges, or 20 percent of all aged Medicare discharges.

Discharges of aged Medicare inpatients were generally proportional to the distribution of beds by hospital control. However, voluntary hospitals accounted for a slightly greater proportion of Medicare discharges than of beds, while government and proprietary hospitals had a slightly larger percentage of beds than of discharges. Voluntary hospitals accounted for a slightly higher proportion of days of care than of discharges because the ALOS was over a day longer than the ALOS in other hospitals. Voluntary hospitals—other than those under church control—had the longest stay (11.3 days), and proprietary and government hospitals had the shortest stays, 9.8 days and 9.9 days, respectively.

On the average, for every 100 Medicare discharges from short-stay hospitals during 1977, 41 were from hospitals with fewer than 200 beds, 42 were from hospitals with 200-499 beds, and 17 were from hospitals with 500 or more beds (Table 6). Relative to the distribution of beds, small hospitals (with fewer than 200 beds) accounted for more than their proportionate share of Medicare discharges (about 41 percent of the discharges and 35 percent of the beds), while large hospitals (with 500 or more beds) accounted for less than their proportionate share of discharges (about 17.5 percent of the discharges and 22 percent of the beds).

Hospitals with fewer than 200 beds had a lower proportion of the total days of care used (36 percent) than of the total number of discharges (41 percent). On the other hand, hospitals with 500 or more beds had proportionately more days of care used (20 percent) than of the total number of discharges (17 percent). These relationships resulted from the fact that ALOS increased as the bed size of the hospital increased (Table 6). ALOS was 8.4 days per discharge in hospitals with fewer than 50 beds and 12.8 days per discharge in hospitals with 750 or more beds. With one exception, this trend generally held in hospitals under each of the various types of control. For proprietary hospitals with more than 250 beds, ALOS varied from this pattern—principally because of the small number of proprietary hospitals in the larger bed-size classifications.

The frequency of discharges with surgery varied considerably by type of hospital control and bed-size (Table 7). Overall, the proportion of aged Medicare discharges with a surgical procedure was 33.1 percent. The proportion of discharges with surgery ranged from a high of 38.1 percent in voluntary-church hospitals to a low of 24.6 percent in government hospitals. The proportion of discharges with surgery was higher, for the most part, with bed-size under each type of hospital control.

Hospital Use by Diagnosis

Diagnosis is a basic aspect of hospitalization frequently used in assessments of use. As shown in General Table VI, when primary diagnoses of aged Medicare patients are grouped into 15 broad classifications of diseases (ICDA-8), hospital use by diagnosis is highly clustered into a few categories.

The highest frequency of discharges occurred among diseases of the circulatory system, accounting for an estimated 2.1 million discharges, or about 27 percent of all discharges of the aged from short-stay hospitals during 1977. Other ICDA diagnostic groups with large frequencies were diseases of the digestive system (0.8 million); neoplasms (0.8 million); diseases of the respiratory system (0.6 million); and accidents, poisonings, and violence (0.6 million). These four ICDA classes accounted for 2.8 million discharges, or approximately 37 percent of all Medicare discharges. Thus, the five categories with highest frequencies accounted for about 63 percent of all aged discharges and, as shown in Table 8, 66 percent of the total days of care.

TABLE 5
Number and Percent Distribution of Aged Hospital Beneficiaries Discharged from Short-Stay Hospitals, Days of Care, and Short-Stay Hospital Beds, by Type of Hospital Control, 1977

(discharges, days of care, and beds in thousands)

Type of Hospital Control	Discharges		Days of Care		Average Length of Stay	Beds[1]	
	Number	Percent	Number	Percent		Number	Percent
All Short-Stay Hospitals	7,768	100.0	84,251	100.0	10.9	944	100.0
Voluntary	5,502	70.8	61,968	73.5	11.3	643	68.1
Church	1,741	22.4	19,555	23.2	11.2	[2]	[2]
Other	3,761	48.4	42,413	50.3	11.3	[2]	[2]
Government	1,566	20.2	15,457	18.4	9.9	213	22.6
Proprietary	700	9.0	6,827	8.1	9.8	88	9.3

[1]Estimates based on HCFA tabulations.
[2]Data not available.

TABLE 6
Number and Percent Distribution of Aged Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals, Days of Care, and Short-Stay Hospital Beds, by Bed-Size of Hospital, 1977

(discharges, days of care, and beds in thousands)

Bed-Size	Discharges		Days of Care		Average Length of Stay	Beds[1]	
	Number	Percent	Number	Percent		Number	Percent
All Short-Stay Hospitals	7,768	100.0	84,251	100.0	10.9	944	100.0
Fewer than 50 Beds	559	7.2	4,696	5.6	8.4	51	5.4
50-99	999	12.9	9,211	10.9	9.2	100	10.6
100-149	838	10.8	8,420	10.0	10.0	93	9.8
150-199	782	10.1	8,100	9.6	10.4	88	9.3
200-249	697	9.0	7,711	9.2	11.1	86	9.1
250-299	700	9.0	7,687	9.1	11.0	81	8.6
300-399	1,049	13.5	12,261	14.6	11.7	132	14.0
400-499	788	10.2	9,383	11.1	11.9	106	11.2
500-749	915	11.8	11,118	13.2	12.2	135	14.3
750 or more	441	5.7	5,665	6.7	12.8	73	7.7

NOTE: Detail may not add to totals because of rounding.
[1]Estimate based on internal HCFA tabulations.

TABLE 7
Percent of Aged Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals with Surgery, by Bed-Size and Type of Hospital Control, 1977

Bed Size	Total	Voluntary			Proprietary	Government
		Total	Church	Other		
All Discharges	33.1	35.8	38.1	34.8	30.9	24.6
Fewer than 100 Beds	18.5	21.7	20.9	21.8	22.8	13.6
100-199 Beds	31.5	32.9	34.7	32.4	32.1	27.3
200-299 Beds	36.9	37.2	38.2	36.8	37.2	34.4
300-499 Beds	38.4	38.8	39.5	38.4	34.4	36.2
500 Beds or more	40.8	41.9	42.6	41.5	29.4	35.6

TABLE 8
Number and Percent Distribution of Discharges and Days of Care for Aged Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Selected Major Diagnostic Group, 1977
(number of persons in thousands)

Major Diagnostic Group	Discharges		Total Days of Care	
	Number	Percent Distribution	Number	Percent Distribution
All Diagnoses	7,768	100.00	84,251	100.00
Neoplasms	793	10.2	9,899	11.8
Diseases of Circulatory System	2,066	26.6	23,550	28.0
Diseases of Respiratory System	627	8.1	6,349	7.5
Diseases of Digestive System	834	10.7	8,405	10.0
Accidents, Poisonings, and Violence	580	7.5	7,576	9.0
Total, Five Most Frequent Discharge Diagnostic Categories	4,900	63.1	55,779	66.3

As might be expected, the incidence of surgery for aged Medicare inpatients varied considerably among the major ICDA-8 classes. In 1977, there were three diagnostic classes—mental disorders, diseases of the respiratory system, and infective and parasitic diseases—in which less than 10 percent of the discharges were treated by surgical procedure. In contrast, there were two ICDA classes which displayed very high rates of surgery—diseases of the nervous system and sense organs (77 percent) and diseases of the genitourinary system (68 percent). The high surgical rates for these two diagnostic classes most likely reflect surgery for cataracts and prostatectomy.

ALOS per discharge varied considerably among the major ICDA classes presented in General Table VI. In 1977, the diagnostic conditions with the longest ALOS were accidents (with fracture of the femur representing the most prominent condition in this class), poisonings and violence (13.1 days); mental disorders (13.1 days); neoplasms (12.5 days); and diseases of skin and subcutaneous system (12.6 days). In contrast, diseases of the nervous system and sense organs (6.1 days), and symptoms and ill-defined conditions (8.6 days) had the shortest hospital stays.

As shown in General Table VI, for all diagnoses, patients with surgery stayed in the hospital (on the average) about 2.6 days longer than patients who did not have surgery (12.6 days and 10.0 days, respectively). Among the broad diagnostic groups, the ALOS for discharges with surgery was over a week longer than for patients without surgery in the following diagnostic categories: infective and parasitic diseases; endocrine, nutritional and metabolic diseases; mental disorders; and accidents, poisonings, and violence. The only exception to the above pattern was for patients with diseases of the nervous system and sense organs in which stays without surgery were 4.4 days longer than those with surgery. As indicated previously, surgery for cataracts probably accounted for the major share of the surgical cases in this classification.

Hospital Use by Surgery

An estimated 2.6 million discharges, or about 33.1 percent of the 7.8 million short-stay hospital discharges experienced by aged Medicare beneficiaries during 1977 involved a surgical procedure. The annual rate with surgery was 110 discharges per 1,000 enrollees.

The estimated proportion of discharges with surgery varied by patient and hospital characteristics (Table 9). The proportion of discharges with surgery was lower for older age groups, ranging from 38.1 percent for those age 65-69 years to 24.7 percent for those age 85 years and over. The surgery rate for the population as a whole, however, ranged from 101 per 1,000 enrollees for those age 65-69 to 118 per 1,000 for those age 75-84, and to 111 per 1,000 for those age 85 and over. By sex, the proportion of discharges with surgery was higher for men (36.1 percent) than for women (30.7 percent). The surgery rate among male beneficiaries (130 per 1,000 enrollees) was almost 37 percent higher than for women (95 per 1,000 enrollees). For whites, the proportion of discharges with surgery (33.4 percent) and the surgery rate (112 per 1,000 enrollees) were higher than for persons of all other races (29.8 percent and 84 per 1,000 enrollees, respectively).

By geographic region, the estimated percent of discharges with surgery ranged from a low of 30.6 percent in the South to a high of 36.3 percent in the Northeast. The surgery rate was lowest in the Northeast (108 per 1,000 enrollees) and the West (109 per 1,000 enrollees), and highest in the North Central States (115 per 1,000 enrollees). The proportion of discharges with surgery was proportionate to the bed-size of the hospital, going from 18.5 percent in hospitals with fewer than 100 beds to 40.8 percent in hospitals with over 500 beds. This pattern reflects the fact that larger hospitals usually offer more varied and specialized facilities and services, which, in turn, results in the higher costs of services in larger hospitals.

As presented earlier, discharges with surgery in short-stay hospitals during 1977 were associated with longer stays than those without surgery (12.6 days and 10.0 days, respectively). For discharges with surgery, ALOS was slightly longer for women (13.0 days) than for men (12.3 days), was longer for persons of all other races (15.0 days) than for white persons (12.5 days), and was longer for older age groups, going from 11.3 days for those persons age 65-69 years to 15.6 days for those persons age 85 and over.

Among the 13 major Current Procedural Terminology (CPT) surgical classes shown in General Table VII, surgery of the digestive system was the leading surgical group accounting for an estimated 562,000 discharges, or 22 percent of all discharges with surgery; leading procedures within this category included repair hernia inguinal, cholecystectomy, sigmoidectomy, etc. Other leading surgical classes were musculoskeletal surgery, eye surgery, and urinary surgery. The four leading surgical groups accounted for almost 55 percent of all operations for aged Medicare patients.

Differences by sex are evident in the percent distribution of surgical procedures shown in General Table VII. Musculoskeletal surgical procedures accounted for an estimated 14.5 percent of all operations for women compared to only 7.0 percent for men. This may reflect the higher proportion of women in the older age groups who are more prone to accidents resulting in a fracture of bones. Integumentary operations (skin and subcutaneous tissue) accounted for 7.4 percent of all surgery for women compared to only 3.3 percent for men. On the other hand, respiratory surgery accounted for only 2.8 percent of all the operations for women compared to 5.7 percent for men. Similarly, urinary surgery accounted for only 7.1 percent of the operations for women compared to 14.2 percent for men, probably reflecting surgery of the prostate.

Charges and Reimbursements in Short-Stay Hospitals

Total hospital charges for short-stay hospital discharges under Medicare in 1977 were $16.6 billion (General Table II). Under the HI program the beneficiary is responsible for certain charges, including deductibles, coinsurance, and charges for other noncovered services. These nonreimbursable charges amounted to an estimated $1.1 billion, or 6.6 percent of total hospital charges.[4]

[4]Based on unpublished HCFA data tabulations.

TABLE 9

Number of Aged Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals, Number and Percent of Discharges with Surgery, and Average Length of Stay for Discharges with Surgery by Sex, Race, Age, Bed-Size of Hospital, and Geographic Region, 1977

(number in thousands)

Characteristics	Discharges				
		With Surgery			
	Total	Number	Percent of Total	Per 1,000 Enrollees	Average Length of Stay
Total (All areas)	7,768	2,573	33.1	110	12.6
Age					
65-69	2,078	791	38.1	101	11.3
70-74	1,910	676	35.4	110	12.1
75-79	1,625	527	32.4	118	13.0
80-84	1,222	349	28.6	118	14.1
85 and over	933	230	24.7	111	15.6
Sex					
Male	3,445	1,244	36.1	130	12.3
Female	4,323	1,329	30.7	95	13.0
Race[1]					
White	7,022	2,343	33.4	112	12.5
All other	553	165	29.8	84	15.0
Region[2]					
Northeast	1,678	609	36.3	108	14.8
North Central	2,190	719	32.8	115	13.2
South	2,667	817	30.6	112	11.7
West	1,177	411	34.9	109	10.2
Bed Size					
Fewer than 100 Beds	1,558	288	18.5	NA	11.1
100-199 Beds	1,620	511	31.5	NA	11.7
200-299 Beds	1,397	516	36.9	NA	12.2
300-499 Beds	1,837	705	38.4	NA	13.2
500 Beds or more	1,356	553	40.8	NA	13.9

[1]Excludes unknown race.
[2]Excludes unknown residence.

About $12.0 billion or 72.8 percent of total hospital charges were reimbursed by the program in 1977. HI payments shown in this report reflect reimbursements based on interim rates. Interim payments are designed to keep the Medicare program current with its accrued obligations for services rendered by hospitals to Medicare beneficiaries. Payment may be established as a periodic interim payment (PIP), a per diem amount, or as a percentage of total charges as agreed upon between the hospital and the fiscal intermediary. In the case of PIP or a per diem amount, the payment is not necessarily related to the specific services rendered during the patient's hospital stay. For PIP, the payment would be the estimated cost of services during the period covered by the payment. For per diem payments, the payment is based on the estimated average cost for a day of care for all patients served by the hospital during the fiscal year. The final amount due each hospital is determined after the end of the fiscal year on the basis of the hospital's audited reasonable costs of operation.

Retroactive payments based on the hospital's audited cost reports added an estimated $0.4 billion to the amount reimbursed, accounting for an additional 2.4 percent of total hospital charges.[5] The remainder—about $3.0 billion, or 18.1 percent of total hospital charges not reimbursed represents, essentially, the difference between hospital charges to Medicare patients and hospital costs.

Reimbursements to hospitals for HI beneficiaries averaged $1,551 per discharge and $145 per covered day. These figures include room and board and charges for ancillary services. Generally, hospitals charge a fixed rate per day for room and board. In contrast, charges incurred for ancillary services such as pharmacy, radiology, laboratory, and the use of the operating room are variable depending on the services used by each patient.

As the length of hospital stay increased, reimbursement per covered day generally increased. The average reimbursement per covered day for stays of seven days or fewer was $134 compared with $153 per day for stays of 43 days or more. As shown earlier, ALOS tends to be longer in larger hospitals (Table 6). Similarly, larger hospitals tend to have higher reimbursements per day (General Table IV). Thus, higher average reimbursement per day for discharges with longer stays may reflect that longer stays take place in the larger hospitals. Average reimbursement per discharge was proportionate to average length of stay. As shown in Table 10, hospital stays of seven days or fewer averaged $551 per discharge; stays of 22 days or more averaged over $5,000 per discharge. Discharges with stays of seven days or fewer accounted for 48 percent of all discharges, but for only 19 percent of the covered days of care, and 17 percent of total reimbursements. Stays of 22 days or more accounted for 10.5 percent of all discharges, but for about one-third of the covered days, and almost 35 percent of hospital reimbursements. Similarly, stays of 60 days or more accounted for less than 1 percent of all discharges, but for about 5 percent of the covered days and total reimbursements.

[5]Estimate provided by the Office of Financial and Actuarial Analysis, HCFA.

Reimbursements by Discharge Status

As shown in Table 11, average reimbursements per discharge and per covered day were much higher for patients with surgery than for those without surgery, and for patients discharged dead than for patients discharged alive. For stays involving surgery, average reimbursements were $2,021 per discharge and $161 per covered day; for stays without surgery, $1,317 per discharge and $134 per covered day. Discharges with surgery accounted for 33 percent of all discharges, about 39 percent of the covered days of care, and 43 percent of reimbursements.

For patients discharged dead, average reimbursements were $2,035 per discharge and $166 per covered day. For patients discharged alive, average reimbursements were $1,516 per discharge and $143 per covered day. Persons discharged dead accounted for about 7 percent of all discharges, about 7.5 percent of the covered days of care, and almost 9 percent of the reimbursements.

Reimbursements by Demographic Characteristics and Residence

Age

Table 12 shows that the covered days of care rate was 2,617 per 1,000 enrollees at ages 65-69 compared to 5,239 per 1,000 at ages 85 and over. Despite the fact that the average reimbursement per covered day was higher for the younger age group ($150 at 65 to 69 years compared to $138 at ages 85 and over), the difference in the covered days of care rate resulted in the amount reimbursed per beneficiary being higher for the older age group ($393 at ages 65-69 compared to $721 at ages 85 and over). The lower amounts reimbursed per day by older age groups may be attributable to the lower proportions of discharges with surgery of older age groups. As shown in General Table II, the proportion of discharges with surgery was 38 percent at ages 65-69 compared to 25 percent at ages 85 and over. The amount reimbursed per day for stays with surgery was $161 compared to $134 for stays without surgery. The intensity of ancillary services for nonsurgical stays may be less which would further explain the lower amounts of reimbursements per covered stay for the older age groups. The covered ALOS is higher for older age groups despite lower proportions of surgical discharges and the fact that surgical stays tend to be longer than discharges without surgery.

As shown in Table 13, between 1967 and 1977 there was a significant narrowing of the differences by race in the distribution of short-stay hospital benefits.

Sex

Overall, average reimbursements per male beneficiary ($561) was about 17 percent higher than the average for women ($481). As was shown in Table 9, the proportion of discharges with surgery was 36 percent for men and 31 percent for women, which probably contributes to the higher average reimbursement per male beneficiary. Since women tend to have a longer covered ALOS per discharge, the amount reimbursed per discharge by sex was about the same, $1,552 for men and $1,549 for women.

TABLE 10
Discharges, Days of Care, and Reimbursements for Aged HI Beneficiaries Discharged from Short-Stay Hospitals by Length of Hospital Stay, 1977

(discharges and covered days of care in thousands; reimbursements in millions)

Length of Stay	Discharges		Covered Days of Care		Reimbursements			
	Number	Percent of Total	Total	Percent of Total	Amount	Per Covered Day	Per Discharge	Percent of Total
All Discharges	7,768	100.0	82,984	100.0	$12,045	$145	$1,551	100.0
7 days or less	3,741	48.2	15,444	18.6	2,060	134	551	17.2
8-14	2,259	29.2	23,654	28.5	3,347	141	1,482	27.8
15-21	939	12.1	16,366	19.7	2,434	149	2,592	20.3
22 or more	829	10.5	27,520	33.2	4,204	153	5,071	34.7

TABLE 11
Discharges, Covered Days of Care, and Reimbursements for Aged HI Beneficiaries Discharged from Short-Stay Hospitals, by Discharge Status, 1977

(discharges and covered days of care in thousands; reimbursements in millions)

Status at Discharge	Discharges		Covered Days of Care		Reimbursements			
	Number	Percent of Total	Number	Percent of Total	Amount	Per Covered Day	Per Discharge	Percent of Total
Total	7,768	100.0	82,984	100.0	$12,045	$145	$1,551	100.0
Discharged with Surgery	2,573	33.1	32,219	38.8	5,201	161	2,021	43.2
Discharged without Surgery	5,195	66.9	50,765	61.2	6,845	134	1,317	56.8
Discharged Alive	7,257	93.4	76,744	92.5	11,004	143	1,516	91.4
Discharged Dead	512	6.6	6,240	7.5	1,041	166	2,035	8.6

NOTE: Detail may not add to total because of rounding.

TABLE 12

Discharges, Covered Days of Care, and Reimbursements for Aged Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals by Age, Race, Sex, and Residence, 1977

(discharges and covered days of care in thousands; reimbursements in millions)

Demographic Characteristic	HI Enrollment[1]	Discharges		Covered Days of Care			Reimbursements			
		Number	Per 1,000 Enrollees	Number	Per 1,000 Enrollees	Per Discharge	Amount	Per Discharge	Per Covered day	Per Beneficiary
Total	23,474,546	7,768	331	82,984	3,535	10.7	$12,045	$1,551	$145	$513
Age										
65-69	7,837,985	2,078	265	20,513	2,617	9.9	3,081	1,482	150	393
70-74	6,148,493	1,910	311	19,887	3,234	10.4	2,937	1,538	147	478
75-79	4,448,968	1,625	365	17,759	3,992	10.9	2,562	1,576	144	576
80-84	2,956,108	1,222	413	13,912	4,706	11.4	1,964	1,608	141	664
85 and over	2,082,992	933	448	10,913	5,239	11.7	1,501	1,608	137	721
Sex										
Men	9,537,395	3,445	361	35,736	3,747	10.4	5,348	1,552	149	561
Women	13,937,151	4,323	310	47,248	3,390	10.9	6,697	1,549	141	481
Race[2]										
White	20,857,348	7,022	337	74,263	3,561	10.6	10,756	1,532	144	516
All other races	1,976,861	553	280	6,607	3,342	12.0	986	1,782	149	499
Region[3]										
Northeast	5,656,542	1,678	296	21,626	3,823	12.9	3,258	1,941	150	576
North Central	6,281,929	2,190	348	24,012	3,822	11.0	3,410	1,557	141	543
South	7,309,814	2,667	364	26,496	3,625	9.9	3,305	1,239	124	452
West	3,757,994	1,177	313	10,265	2,732	8.7	2,032	1,727	197	541

[1]As of July 1, 1977.
[2]Excludes unknown race.
[3]Excludes Puerto Rico and other outlying areas and persons of unknown residence.

TABLE 13

Number of Discharges and Covered Days of Care Per 1,000 Enrollees, Average Length of Stay, and Reimbursements for Aged Beneficiaries Discharged from Short-Stay Hospitals, by Race, 1967 and 1977

Year and Race	Discharges		Covered Days of Care		Covered ALOS		Reimbursements	
	Per 1,000 Enrollees	Ratio[1]	Per 1,000 Enrollees	Ratio[1]	Days	Ratio[1]	Per Beneficiary	Ratio[1]
1967								
White	266	1.40	3,442	1.27	13.0	.91	$139	1.34
All Other Races	189		2,704		14.3		104	
1977								
White	337	1.20	3,561	1.07	10.7	.88	516	1.03
All Other Races	280		3,342		12.2		499	

[1]White to all other races.

Race

The average reimbursement per discharge for persons of all other races ($1,782) was about 16 percent higher than for whites ($1,532). This reflects the fact that persons of minority races had a longer covered ALOS (12.0 days) than white persons (10.6 days). The amount reimbursed per covered day was also higher for minorities ($149) than for whites ($144). On the other hand, as shown previously, whites had a higher discharge rate and used more covered days of care per 1,000 enrollees than did persons of other races. The net effect of these factors was that the average amount reimbursed per white beneficiary ($516) was about 3 percent higher than for minorities ($499).

Residence

Although the Northeast had the lowest discharge rate (296 per 1,000 enrollees), it had the highest covered days of care rate (3,823 per 1,000 enrollees), reflecting a high covered ALOS (12.9 days per discharge), which was about 20 percent above the national average (10.7 days). This, coupled with an average reimbursement per covered day ($150), which was also above the national average ($145), resulted in the highest reimbursement per beneficiary ($576). The South, on the other hand, had the lowest reimbursement per beneficiary ($452), mainly because the average amount reimbursed per covered day ($124) was significantly lower than the other regions. However, the discharge rate in the South (364 per 1,000 enrollees) and the covered days of care rate (3,625 per 1,000 enrollees) were above the national averages.

Reimbursements by Hospital Size and Type of Control

Table 14 shows that the average length of covered stay per discharge and the average amount reimbursed per covered day increases with the size of the hospital. For this reason, the smaller hospitals (up to 199 beds) received a share of hospital reimbursements that was smaller than the proportions of discharges and the days of covered care accounted for by these hospitals. Hospitals with 200 to 299 beds received a share of reimbursements (18 percent) proportionate to discharges (18 percent) and covered days of care (18 percent) provided in those hospitals. Hospitals with 300 or more beds accounted for 51 percent of all reimbursements for short-stay hospital services, though they accounted for only 41 percent of the discharges and 46 percent of the covered days of care. The higher distribution of reimbursements to larger hospitals are probably attributable to the more numerous and specialized services offered for treating more diverse and complex illnesses. This tends to result in longer stays and more costly services.

Voluntary hospitals, under both church and other control, averaged more covered days per discharge (11.1 days) than did proprietary and government hospitals (9.7 days for both). Average reimbursement per covered day in both categories of voluntary hospitals ($149) was above the national average ($145). Thus, the proportion of Medicare reimbursements for short-stay hospital services going to church (24 percent) and other voluntary hospitals (52 percent) was higher than either the proportion of discharges or covered days of care shown by these facilities. Because they had the highest average reimbursement per covered day ($150), proprietary hospitals accounted for a slightly higher proportion of reimbursements (8.5 percent) than of the days of covered care provided (8.1 percent).

Government hospitals had the lowest reimbursement per covered day and lowest average number of covered days per discharge. Thus, they received only 16 percent of reimbursements for short-stay hospital services though they accounted for 20 percent of the discharges and 18 percent of the covered days.

Reimbursements by Diagnosis

As shown in General Table VII, reimbursements varied substantially among the major ICDA classes. In 1977, average reimbursements per discharge ranged from $871 for diseases of the nervous system and sense organs (which had the lowest ALOS) to $1,917 for neoplasms. Average reimbursements per covered day ranged from $133 for endocrine, nutritional, and metabolic diseases to $155 for neoplasms. The high average expenditure per day for persons with neoplasms is related to the relatively long hospital stays and costly ancillary services required to treat this condition—such as chemotherapy, cobalt treatments, etc.

As discussed earlier, in addition to accounting for a larger proportion of the total days of care (66 percent) than of discharges (63 percent), the five most frequent diagnostic categories account for an even larger proportion of reimbursements for short-stay hospital services (67 percent). This is shown in Table 15.

Deaths in Short-Stay Hospitals

An estimated 512,000 discharges, or about 6.6 percent of all aged Medicare discharges from short-stay hospitals ended with the death of the patient; by comparison, in 1967 the number of deaths per 100 aged Medicare discharges was 9.8. As a proportion of the enrolled HI population, the rate of deaths in short-stay hospitals in 1977 was 21.8 per 1,000 enrollees. The rate in 1967 was 25.5 per 1,000 enrollees. As shown in Table 16 the proportion of deaths was significantly higher with older age groups, 4.5 deaths per 100 Medicare discharges at ages 65-69 compared to 11.1 deaths per 100 at ages 85 and over. The proportions of deaths per 100 Medicare discharges was 7.7 for males and 5.7 for females. By race, the ratio of deaths per 100 Medicare discharges was 7.4 for persons of all other races and 6.5 for white persons.[6]

[6]Based on unpublished data contained in internal HCFA tabulations.

TABLE 14

Number and Percent Distribution of Discharges, Covered Days of Care, and Reimbursements for Aged Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals by Size and Control of Hospital, 1977

(discharges and covered days of care in thousands; reimbursements in millions)

Size and Type of Control of Hospital	Discharges		Covered Days of Care		Covered ALOS Per Discharge	Reimbursement			
	Number	Percent	Number	Percent		Amount	Per Discharge	Per Covered Day	Percent of Total
Total	7,768	100.0	82,984	100.0	10.7	$12,045	$1,551	$145	100.0
Size (beds)									
Fewer than 50	559	7.2	4,616	5.6	8.3	469	839	101	3.9
50 to 99	999	12.9	9,074	10.9	9.1	1,046	1,047	115	8.7
100 to 149	838	10.8	8,308	10.0	9.9	1,085	1,295	130	9.0
150 to 199	782	10.1	8,008	9.7	10.2	1,102	1,410	137	9.1
200 to 249	697	9.0	7,589	9.1	10.9	1,101	1,578	145	9.1
250 to 299	700	9.0	7,585	9.1	10.8	1,104	1,577	145	9.2
300 to 399	1,049	13.5	12,088	14.6	11.5	1,804	1,719	149	15.0
400 to 499	788	10.2	9,258	11.2	11.7	1,472	1,869	159	12.2
500 to 749	915	11.8	10,945	13.2	12.0	1,806	1,974	165	15.0
750 and over	441	5.7	5,514	6.6	12.5	1,056	2,303	191	8.8
Type of Control									
Voluntary	5,502	70.8	61,104	73.7	11.1	9,116	1,657	149	75.7
Church	1,741	22.4	19,312	23.3	11.1	2,855	1,639	147	23.7
Other	3,761	48.4	41,792	50.4	11.1	6,261	1,665	149	52.0
Proprietary	700	9.0	6,767	8.1	9.7	1,020	1,456	150	8.5
Government	1,566	20.2	15,112	18.2	9.7	1,909	1,219	126	15.8

TABLE 15

Number and Percent Distribution of Discharges, Covered Days of Care, and Reimbursements for Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals, by the Five Most Frequent Discharge Diagnoses, 1977

(discharges and covered days of care in thousands; reimbursements in millions)

Major Diagnostic Group	Discharges		Covered Days of Care		Reimbursement			
	Number	Percent	Number	Percent	Amount	Per Discharge	Per Covered Day	Percent of Total
Total, All Diagnoses	7,768	100.0	82,984	100.0	$12,045	$1,551	$145	100.0
Neoplasms	793	10.2	9,751	11.8	1,520	1,917	155	12.6
Diseases of Circulatory System	2,066	26.6	23,219	28.0	3,408	1,650	146	28.3
Diseases of Respiratory System	627	8.1	6,275	7.6	891	1,421	141	7.4
Diseases of Digestive System	834	10.7	8,327	10.0	1,210	1,450	145	10.0
Accident, Poisonings, and Violence	580	7.5	7,410	8.9	1,056	1,821	142	8.8
Total, Five Most Frequent Discharge Diagnostic Categories	4,900	63.1	54,982	66.3	8,085	1,650	147	67.1

TABLE 16
Number and Rate of Deaths of Aged HI Beneficiaries Discharged from Short-Stay Hospitals, by Age, Race, and Sex, 1977

Age, Race, and Sex	Deaths	
	Number (in thousands)	Per 100 Medicare Discharges
All Persons	512	6.6
Age:		
65-69	93	4.5
70-74	105	5.5
75-79	109	6.7
80-84	100	8.2
85 and over	104	11.1
Sex:		
Male	266	7.7
Female	246	5.7
Race:[1]		
White	457	6.5
All Other	41	7.4

[1] Excludes unknown race

The distribution of length of stay intervals varied considerably by discharge status. As shown in General Table V, a large proportion (21 percent) of patients discharged dead had a hospital stay of one day or less. On the other hand, an almost equally large proportion (20 percent) of discharges ending in the death of the patient had stays of 21 days or more. The net result was that the ALOS for discharges ending in the death of the patient was nearly two days longer than for patients discharged alive (Table 17). In comparison, only 3 percent of patients discharged alive had a stay of one day or less and only about 11 percent had stays of 21 days or more.

TABLE 17
Average Length of Stay and Average Reimbursement Per Discharge and Per Day for Aged Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Discharge Status, 1976

	Discharge Status		
	Total	Alive	Dead
Average Length of Stay	10.9	10.7	12.5
Average Reimbursement Per Discharge	$1,551	$1,516	$2,035
Average Reimbursement Per Day	$ 142	$ 141	$ 162

As expected, the average reimbursement per discharge was greater for patients discharged dead ($2,035) than for those discharged alive ($1,516). Similarly, the average reimbursement per day was greater for dead discharges ($162) than for live discharges ($141).

Hospital Use and Reimbursements by Persons

As shown in Table 18, in 1977, an estimated 5.3 million persons were discharged from short-stay hospitals under the Medicare program. For these persons, almost 70 percent had just one hospital stay, 20 percent had two stays, and 10 percent had three or more stays. Overall, these persons accounted for almost 7.8 million discharges.

Average days of care per person with at least one stay during the year was 16.0 days. Persons with only one stay averaged 10.7 days of care. Persons with two stays averaged 22.5 days of care, which suggests that the second hospital stay was similar in length to the first. Persons with three or more stays averaged 39.3 days of care, approximately 3.7 times greater than for persons with one stay.

Average reimbursement per person with one or more stays was $2,290. Average reimbursement per person with only one stay was $1,518, more than doubled for persons with two stays ($3,246), and more than tripled for persons with three or more stays ($5,626). Thus, although persons with one stay represented almost 70 percent of all persons discharged from short-stay hospitals, they accounted for only 46 percent of the total days of care and reimbursements. In contrast, persons with three or more discharges represented only 10 percent of persons discharged from short-stay hospitals but accounted for 25 percent of the days of care and reimbursements.

Except for persons 85 years and over, the probability of subsequent hospitalizations among beneficiaries with a prior discharge during the year is higher than the probability of a first hospitalization among all beneficiaries. As shown in Table 19, the probability of any aged beneficiary being hospitalized during the year is about 224 per 1,000, (22.4 percent), but after the initial hospitalization, the probability of rehospitalization rises to about 30 percent for all demographic characteristics shown in Table 18 (Gornick, 1975). If the population at risk for subsequent hospitalizations is reduced by deaths during the first hospitalization, the probability would be even higher, perhaps making the probability of rehospitalizations among persons 85 and over also greater than initial hospitalizations. The number of discharges by death for initial and subsequent discharges was not tabulated for this report.

As in the case of initial discharges, multiple discharges per 1,000 enrollees is higher for older age groups (54 for those 65 to 69 years of age to 90 for those 85 and over), is higher for men (77) than for women (63), and higher for whites (70) than for persons of other races (57).

TABLE 18
Number and Percent Distribution of Hospital Insurance Beneficiaries Discharged from Short-Stay Hospitals, Total Days of Care, and Reimbursements, by Number of Stays, 1977

(persons, discharges and days of care in thousands; reimbursements in millions)

Number of Stays	Persons Discharged		Discharges		Total Days of Care			Reimbursements		
	Number	Percent	Number	Percent	Number	Per Person	Percent	Amount	Per Person	Percent
All Stays	5,259	100.0	7,768	100.0	84,251	16.0	100.0	$12,045	$2,290	100.0
1 Stay Only	3,657	69.6	3,657	47.1	39,107	10.7	46.4	5,551	1,518	46.1
2 Stays Only	1,059	20.1	2,118	27.3	23,804	22.5	28.3	3,438	3,246	28.5
3 Stays or More	543	10.3	1,993	25.6	21,340	39.3	25.3	3,055	5,626	25.4

TABLE 19
Number of Aged Hospital Insurance Beneficiaries with Multiple Hospital Stays Discharged from Short-Stay Hospitals, by Demographic Characteristics, 1977

(number of persons in thousands)

Demographic Characteristics	All Stays		Multiple Stays		
	Number of Persons	Per 1,000 Enrollees	Number of Persons	Per 1,000 Enrollees	Percent of First Discharges
All Persons	5,250	224	1,602	68	30.4
Age					
65-69	1,439	184	424	54	29.5
70-74	1,281	208	393	64	30.7
75-79	1,084	244	340	76	31.4
80-84	821	278	256	87	31.2
85 and Over	635	304	188	90	29.6
Sex					
Men	2,280	239	730	77	32.0
Women	2,979	214	872	63	29.3
Race[1]					
Whites	4,744	227	1,452	70	30.6
All other races	382	193	112	57	29.3

[1]Excludes unknown race.

Conclusion

In 1977, Medicare reimbursements for short-stay hospital services to the aged hospital insurance beneficiaries continued to increase though at a slightly slower rate than that prevailing since 1967. In 1977, short-stay hospital expenditures rose to $12.0 billion, an increase from 1976 of about 14 percent. For the period from 1967 (when annual reimbursements were only $2.8 billion) to 1977, the average annual increase was 15.7 percent. During this period, the average expenditure per discharge nearly tripled, going from $528 to $1,551, and the average expenditure per covered day increased about 3.6 times from $40 to $145.

The use of short-stay hospital inpatient services, as measured by the TDOC rate per 1,000 enrollees, rose about 25 percent during the first year following the introduction of the program. Since 1967 the TDOC rate has remained fairly stable, about 3,700 per 1,000 enrollees. This, however, reflected offsetting trends in the discharge rate per 1,000 enrollees, which increased from 268 in 1967 to 337 in 1977, and the ALOS per discharge which dropped from 13.8 days in 1967 to 10.9 days in 1977.

A large proportion of the HI short-stay hospital expenditures are spent on behalf of a relatively small number of persons. In 1977, about 22 percent of the insured HI population used covered short-stay hospital services. Among these persons, approximately 30 percent were hospitalized more than once during the year. These persons accounted for almost 54 percent of all short-stay hospital program expenditures.

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Appendix A

Sources and Limitations of Data

The data shown in this report were derived from the master inpatient stay record statistical file. This file is generated by linking information from three HCFA master program files for a 20-percent sample of Medicare beneficiaries. Whenever a beneficiary in the sample completes a period of hospitalization, the following process takes place to create a statistical discharge record for the file. First, information is taken from the billing form (SSA-1453) for inpatient services submitted for payment by participating short-stay hospitals. After discharge bills have been received and processed to the central hospital master bill file in HCFA, a statistical discharge record is created for a 20-percent sample of HI beneficiaries. The discharge record consists of one or more bills depending on the length of stay and hospital billing procedures. Data selected from the bill for the statistical discharge record include primary diagnosis, surgical procedure, discharge status, length of stay, services provided, charges rendered, and amounts reimbursed.

Second, this record is matched to the Health Insurance Entitlement (HIE) master file which identifies each aged person eligible for HI benefits. Beneficiary characteristics such as age, race, sex, and residence are selected from the HIE file and merged with the data describing the beneficiary's period of hospitalization.

Finally, the statistical discharge record is matched to the Provider of Services (POS) master file, which contains information about the hospital from which the patient was discharged. The data selected include such hospital characteristics as size, ownership, teaching status, number of facilities, and services available.

The statistical discharge record produced by these three steps provides information on the patient, the hospital, and the hospitalization. Accumulation of these records for all beneficiaries in the 20-percent sample results in creation of the master stay record file.

Three types of limitations should be considered when analyzing the data shown in this report: sampling variability, exclusions, and time-lag.

The data presented in this report are based on short-stay hospital discharge records contained in the 20-percent master inpatient stay record file. The sample counts have been multiplied by five to give an estimate of the total number of discharges. Therefore, the data are subject to sampling variability. See Appendix B for a description of the sampling variability associated with the data in this report.

Several types of discharges are currently excluded from processing. These represent emergency admissions to short-stay hospitals not participating in the Medicare program, discharges from rehabilitation hospitals, and distinct parts of long-term care facilities.

Perhaps the most important limitation to be considered is the incompleteness of the 1977 statistical file. This is a result of the administrative time lag between the time a bill (SSA-1453) is submitted for payment and when it is posted to the central records.

The processing cut-off date for this report was July 1978; 1977 discharges recorded after that date were not included. A complete count of all aged Medicare discharges from short-stay hospitals during 1977 will probably total about 7.9 million, or about 2 percent more than the total figure used in this study. As a result, the corresponding figures shown for days of care, charges, amounts reimbursed, and use rates are understated to about the same extent.

Payments under the HI program reflect reimbursements based on iterim rates, usually established as a per diem amount or in percentages of total charges. The final amount due each provider of medical services is determined after the end of his fiscal year on the basis of his audited, reasonable costs of operation. Available audited cost reports for 1977 indicate additional payments were made of about 3.5 percent over the amounts paid on an interim basis.

The data shown by geographic area were summarized by the residence of the beneficiary, not the address of the hospital. Data totals include the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Foreign Countries, and other Outlying Areas.

The diagnostic information recorded on the sample discharge records used to prepare this report was coded centrally in HCFA based on the diagnostic classification in the Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8). The diagnostic classes correspond to the broad ICDA classes.

The National Academy of Sciences, Institute of Medicare, conducted a study to evaluate the reliability of the primary hospital discharge diagnoses appearing in the Medicare statistical system. In that study, the diagnosis on the discharge record was compared with the diagnosis abstracted from the hospital medical record. In about 36 percent of the cases studied, the primary diagnosis from the two sources differed. An earlier study of diagnostic data collected by private abstracting services (PAS, HUP, CHDC, and QUEST) showed disagreement in about 30 percent of the cases. This indicates that data presented in this report pertaining to individual diagnoses should be used with caution. However, the aggregate data associated with the broad ICDA classes should be more reliable.

In addition, the reader should keep in mind that a relatively large proportion of discharge records were coded as having an "unknown" primary discharge diagnosis (9 percent). Similarly, a substantial proportion of discharge records with surgery were coded as having an "unknown" surgical procedure (16 percent). This includes the comparison of 1977 data with that for previous years. Since it is not known whether or not unknown cases are distributed randomly across all categories, the total use and reimbursement data and the corresponding rates should be used with caution. However, the ALOS presented for average reimbursement permits comparisons among the broad diagnostic and surgical classes for aged beneficiaries discharged from short-stay hospitals during 1977.

Appendix B

Reliability of Estimates

The data used in this paper are estimates based on a 20 percent sample of the enrolled population and hence are subject to sampling variability. Tables A through I will enable the reader to obtain approximate standard errors for the estimates in this paper. The standard error is primarily a measure of sampling variability—that is, of the variation that occurs by chance because a sample rather than the whole population is used. To calculate the standard errors at a reasonable cost for the wide variety of estimates in this paper, it was necessary to use approximate methods. Thus, these tables should be used only as indicators of the order of magnitude of the standard errors for specific estimates.

The sample estimate and an estimate of its standard error permit us to construct interval estimates with prescribed confidence that the interval includes the average result of all possible samples (for a given sampling rate).

To illustrate, if all possible samples were selected, each of these were surveyed under essentially the same conditions and an estimate and its estimated standard error were calculated from each sample, then: Approximately 2/3 of the intervals from one standard error below the estimate to one standard error above the estimate would include the average value of all possible samples. We call an interval from one standard error below the estimate to one standard error above the estimate a 2/3 confidence interval. Approximately 9/10 of the intervals from 1.6 standard errors below the estimate to 1.6 standard errors above the estimate would include the average value of all possible samples. We call an interval from 1.6 standard errors below the estimate to 1.6 standard errors above the estimate a 90 percent confidence interval. Approximately 19/20 of the intervals from two standard errors below the estimate to two standard errors above the estimate would include the average value of all possible samples. We call an interval from two standard errors below the estimate to two standard errors above the estimate a 95 percent confidence interval. Almost all intervals from three standard errors below the sample estimate to three standard errors above the sample estimate would include the average value of all possible samples.

The average value of all possible samples may or may not be contained in any particular computed interval. But for a particular sample, one can say with specified confidence that the average of all possible samples is included in the constructed interval.

TABLE A
Approximate Standard Error of Estimated Number of Discharges and Estimated Number of Persons Using Services

Discharges or Persons	Standard Error	
	Discharges	Persons
100	31	20
200	44	28
300	53	35
500	69	45
700	81	53
1,000	97	63
2,000	140	89
3,000	170	110
5,000	210	140
7,000	250	170
10,000	300	200
20,000	420	280
30,000	510	350
50,000	660	450
70,000	780	530
100,000	920	630
200,000	1,300	890
300,000	1,600	1,100
500,000	2,000	1,400
700,000	2,400	1,700
1,000,000	2,900	2,000
2,000,000	4,000	2,700
3,000,000	4,900	3,300
5,000,000	6,300	4,000
7,000,000	7,400	4,600
10,000,000	8,800	5,000

TABLE B
Approximate Standard Error of Estimated Days of Care

Estimated Days of Care	Standard Error
10,000	1,100
20,000	1,600
30,000	2,000
50,000	2,600
70,000	3,000
100,000	3,700
200,000	5,200
300,000	6,500
500,000	8,400
700,000	10,000
1,000,000	12,000
2,000,000	17,000
3,000,000	21,000
5,000,000	28,000
7,000,000	33,000
10,000,000	40,000
20,000,000	57,000
30,000,000	71,000
50,000,000	92,000
70,000,000	110,000
100,000,000	130,000

TABLE C
Approximate Standard Error of Estimated Charges or Reimbursement

Estimate Dollars	Standard Error
1,000,000	140,000
2,000,000	200,000
3,000,000	250,000
5,000,000	330,000
7,000,000	400,000
10,000,000	480,000
20,000,000	710,000
30,000,000	880,000
50,000,000	1,200,000
70,000,000	1,400,000
100,000,000	1,700,000
200,000,000	2,500,000
300,000,000	3,100,000
500,000,000	4,100,000
700,000,000	4,900,000
1,000,000,000	5,900,000
2,000,000,000	8,700,000
3,000,000,000	11,000,000
5,000,000,000	14,000,000
7,000,000,000	17,000,000
10,000,000,000	21,000,000
20,000,000,000	30,000,000
30,000,000,000	38,000,000

TABLE D
Approximate Standard Error of Days Per Discharge

Days Per Discharge	Base of Rate (discharges in thousands)											
	.50	.70	1.0	2.0	3.0	5.0	7.0	10	20	30	50	70
5	.79	.67	.57	.41	.34	.26	.22	.19	.14	.11	.087	.075
6	.87	.74	.62	.45	.37	.29	.24	.21	.15	.12	.095	.081
7	.94	.80	.68	.48	.40	.31	.26	.22	.16	.13	.10	.088
8	1.0	.87	.73	.52	.43	.33	.28	.24	.17	.14	.11	.094
9	1.1	.93	.78	.56	.46	.36	.30	.26	.18	.15	.12	.10
10	1.2	1.0	.84	.60	.49	.38	.32	.27	.19	.16	.13	.11
12	1.3	1.1	.95	.68	.55	.43	.37	.31	.22	.18	.14	.12
14	1.5	1.3	1.1	.76	.62	.48	.41	.34	.24	.20	.16	.13
16	1.7	1.4	1.2	.84	.69	.53	.45	.38	.27	.22	.17	.14
18	1.9	1.6	1.3	.93	.76	.59	.50	.42	.29	.24	.19	.16
20	2.0	1.7	1.4	1.0	.83	.64	.54	.45	.32	.26	.20	.17
22	2.2	1.9	1.6	1.1	.90	.70	.59	.49	.35	.28	.22	.19
24	2.4	2.1	1.7	1.2	.98	.76	.64	.53	.38	.31	.24	.20
26	2.6	2.2	1.8	1.3	1.1	.82	.69	.57	.40	.33	.26	.22
28	2.8	2.4	2.0	1.4	1.1	.88	.74	.62	.43	.35	.27	.23
30	3.0	2.6	2.1	1.5	1.2	.94	.79	.66	.46	.38	.29	.25

	100	200	300	500	700	1,000	2,000	3,000	5,000	7,000	10,000
5	.063	.045	.037	.029	.025	.021	.015	.012	.010	.0083	.0070
6	.068	.049	.041	.032	.027	.023	.016	.014	.011	.0090	.0076
7	.074	.053	.044	.034	.029	.025	.018	.015	.011	.0097	.0082
8	.079	.057	.047	.036	.031	.026	.019	.015	.012	.010	.0087
9	.084	.060	.050	.039	.033	.028	.020	.016	.013	.011	.0092
10	.089	.064	.052	.041	.035	.029	.021	.017	.014	.012	.0097
12	.10	.071	.058	.046	.039	.033	.023	.019	.015	.013	.011
14	.11	.078	.060	.050	.043	.036	.026	.021	.016	.014	.012
16	.12	.086	.070	.055	.047	.039	.028	.023	.018	.015	.013
18	.13	.094	.077	.060	.051	.042	.030	.025	.019	.016	.014
20	.14	.10	.083	.065	.055	.046	.033	.027	.021	.018	.015
22	.16	.11	.090	.070	.059	.049	.035	.029	.022	.019	.016
24	.17	.12	.097	.075	.063	.053	.037	.031	.024	.020	.017
26	.18	.13	.10	.080	.068	.057	.040	.033	.025	.021	.018
28	.19	.14	.11	.085	.072	.060	.043	.035	.027	.023	.019
30	.21	.14	.12	.091	.077	.064	.045	.037	.029	.024	.020

TABLE E
Approximate Standard Error of Charges or Reimbursement Per Discharge

Dollars Per Discharge	Base of Rate (discharge in thousands)											
	.5	.7	1	2	3	5	7	10	20	30	50	70
$300	$ 73	$ 63	$ 54	$ 40	$ 33	$ 26	$ 23	$ 19	$ 14	$ 12	$ 9.5	$8.2
500	92	79	67	50	41	33	29	24	18	15	12	10
700	110	92	78	58	48	38	33	28	21	17	14	12
1,000	130	110	93	68	57	45	39	33	24	20	16	14
2,000	200	170	140	100	85	67	57	48	35	29	23	20
3,000	280	240	200	140	120	90	76	64	46	38	30	25
4,000	370	310	260	180	150	120	98	82	58	47	37	31
5,000	470	390	330	230	190	140	120	100	71	58	45	38

	100	200	300	500	700	1,000	2,000	3,000	5,000	7,000	10,000
$300	$7.0	$5.2	$4.3	$3.4	$2.9	$2.5	$1.8	$1.5	$1.2	$1.1	$.90
500	8.8	6.5	5.4	4.3	3.7	3.2	2.3	1.9	1.5	1.3	1.1
700	10	7.5	6.2	5.0	4.3	3.7	2.7	2.3	1.8	1.5	1.3
1,000	12	8.7	7.3	5.8	5.0	4.3	3.1	2.6	2.1	1.8	1.5
2,000	17	12	10	8.0	6.9	5.9	4.3	3.6	2.9	2.5	2.1
3,000	21	15	13	10	8.6	7.3	5.3	4.4	3.5	3.0	2.5
4,000	26	19	16	12	10	8.7	6.3	5.2	4.1	3.5	3.0
5,000	32	23	18	14	12	10	7.4	6.1	4.8	4.1	3.4

TABLE F
Approximate Standard Error of Charges Per Day or Reimbursement Per Day

Dollars Per Day	Base of Rate (discharge in thousands)										
	10	20	30	50	70	100	200	300	500	700	1,000
$50	$5.3	$3.9	$3.3	$2.6	$2.2	$1.9	$1.4	$1.2	$.94	$.81	$.69
70	5.9	4.3	3.6	2.9	2.5	2.1	1.6	1.3	1.0	.90	.77
100	6.7	4.9	4.1	3.2	2.8	2.4	1.7	1.5	1.2	1.0	.85
200	11	7.6	6.2	4.9	4.2	3.5	2.5	2.1	1.7	1.4	1.2
300	16	12	9.5	7.4	6.3	5.3	3.8	3.1	2.4	2.1	1.7
400	23	16	13	10	8.8	7.4	5.3	4.3	3.4	2.8	2.4

	2,000	3,000	5,000	7,000	10,000	20,000	30,000	50,000	70,000	100,000
$50	$.51	$.43	$.34	$.29	$.25	$.18	$.15	$.12	$.11	$.090
70	.56	.47	.38	.32	.28	.20	.17	.14	.12	.10
100	.63	.52	.42	.36	.31	.23	.19	.15	.13	.11
200	.87	.72	.57	.49	.41	.30	.25	.20	.17	.14
300	1.2	1.0	.80	.68	.57	.41	.34	.26	.23	.19
400	1.7	1.4	1.1	.92	.77	.55	.45	.35	.30	.25

TABLE G
Approximate Standard Error of Percent Distribution of Discharges

Percent	Base of Percentage (number of discharges in thousands)											
	2	5	10	25	50	100	250	500	1,000	3,000	5,000	8,000
1 or 99	.66	.42	.29	.19	.13	.093	.059	.042	.030	.018	.014	.012
2 or 98	.93	.58	.41	.26	.18	.13	.082	.059	.042	.025	.020	.017
5 or 95	1.4	.91	.64	.41	.29	.20	.13	.091	.065	.039	.031	.026
10 or 100	2.0	1.3	.88	.56	.39	.28	.18	.13	.089	.054	.043	.036
15 or 85	2.4	1.5	1.1	.66	.47	.33	.21	.15	.11	.064	.051	.042
20 or 80	2.6	1.7	1.2	.74	.53	.37	.24	.17	.12	.071	.057	.047
30 or 70	3.0	1.9	1.4	.85	.60	.43	.27	.19	.14	.081	.065	.053
40 or 60	3.2	2.0	1.4	.91	.64	.46	.29	.20	.15	.086	.068	.056
50	3.3	2.1	1.5	.93	.66	.47	.29	.21	.15	.087	.069	.056

TABLE H
Approximate Standard Error of Percent Distribution of Days of Care

Percent	Base of Percentage (total days of care in thousands)											
	10	50	100	300	500	1,000	3,000	5,000	10,000	30,000	50,000	90,000
1 or 99	1.1	.51	.36	.22	.17	.12	.072	.057	.041	.025	.020	.016
2 or 98	1.9	.71	.51	.30	.24	.17	.10	.080	.058	.035	.028	.022
5 or 95	2.4	1.1	.80	.47	.37	.27	.16	.12	.090	.055	.044	.034
10 or 90	3.3	1.5	1.1	.65	.51	.37	.22	.17	.12	.075	.060	.047
15 or 85	3.9	1.8	1.3	.77	.60	.43	.26	.20	.15	.089	.071	.055
20 or 80	4.3	2.0	1.5	.86	.68	.49	.29	.23	.16	.099	.079	.062
30 or 70	4.9	2.3	1.7	.98	.77	.55	.33	.26	.19	.11	.090	.070
40 or 60	5.3	2.4	1.8	1.0	.82	.59	.35	.28	.20	.12	.095	.073
50	5.3	2.5	1.8	1.1	.83	.60	.36	.28	.20	.12	.096	.074

TABLE I
Approximate Standard Error of Discharge Per 1,000 Enrolled

Estimated Discharge per 1,000 Enrolled	Base of Rate (number of persons enrolled in the thousands)										
	25	50	100	250	500	750	1,000	2,500	5,000	10,000	25,000
10	2.0	1.4	.97	.61	.43	.25	.30	.19	.13	.092	.068
20	2.7	1.9	1.4	.85	.60	.49	.42	.26	.19	.13	.081
30	3.4	2.4	1.7	1.0	.73	.59	.51	.32	.23	.16	.079
40	3.9	2.7	1.9	1.2	.84	.68	.59	.37	.26	.18	.11
50	4.3	3.0	2.1	1.3	.94	.76	.66	.41	.29	.20	
100	6.1	4.3	3.0	1.9	1.3	1.1	.92	.58	.41	.29	.18
150	7.4	5.2	3.6	2.3	1.6	1.3	1.1	.71	.50	.35	.22
200	8.5	6.0	4.2	2.6	1.2	1.5	1.3	.81	.57	.40	.25
250	9.5	6.7	4.7	2.9	2.1	1.7	1.4	.91	.64	.45	.28
300	10	7.3	5.1	3.2	2.3	1.8	1.6	.99	.70	.49	.31
350	11	7.9	5.5	3.5	2.4	2.0	1.7	1.1	.75	.53	.33
400	12	8.4	5.9	3.7	2.6	2.1	1.8	1.1	.80	.56	.35
450	13	8.9	6.2	3.9	2.8	2.2	1.9	1.2	.85	.60	.38
500	13	9.4	6.6	4.1	2.9	2.4	2.0	1.3	.90	.63	.40
550	14	9.8	6.9	4.3	3.0	2.5	2.1	1.3	.94	.66	.41

Appendix C

Definition of Terms

Short-Stay Hospital: General and special hospitals certified as participating facilities under Medicare and reporting average stays of less than 30 days.

Personal Characteristics:

Age: Completed years at last birthday in month of admission to hospital.

Race: White, all other races, or race unknown as entered into the Health Insurance Entitlement (HIE) master file from basic records completed by the primary beneficiary. Race unknown, whether or not specifically indicated in a table, is included in the "all persons" or equivalent totals.

Sex: As designated in the Health Insurance Entitlement master file.

Geographic Classifications: Based on the address to which the enrollee's social security benefit check is being mailed, or the mailing address recorded in the HIE master file at the time the bill is processed by the Health Care Financing Administration, regardless of the reference date of the table.

All Areas: Consists of the United States, Puerto Rico, and Virgin Islands.

United States: Consists of the 50 States and the District of Columbia.

Hospital Control:

Voluntary-Church: Hospitals whose governing authority is a nonprofit religious organization. For "Catholic" hospitals, this organization can be either a national or international nursing order, or the local ecclesiastical authority, i.e., the local bishop.

Voluntary-Other: Hospitals whose governing authority is a nonprofit organization other than a religious one.

Proprietary: Hospitals whose governing authority is an individual, partnership, or profit-making corporation.

Government: Hospitals whose governing authority is a unit of government. The unit may be a State, county, or city, or a city and county government jointly, or a hospital district established by a State agency. Federal hospitals having only limited participation in the program. Except under special circumstances, they are authorized only to furnish emergency services.

Bed Size: Number of adult beds regularly available for use by inpatients. This excludes bassinets and pediatric beds.

Surgery: Includes any operative procedures recorded on the patient's billing form defined as surgery in the First Edition of the *Current Procedural Terminology* (CPT) manual published by the American Medical Association. This includes procedures involving incision, excision, amputation, introduction, endoscopy, repair, destruction, suture, or manipulation. When two or more surgical procedures appear on the bill, the first listed surgical procedure is coded.

Discharge: The formal release of an inpatient from a hospital. All discharges including those persons who died during their hospitalization are included. In this report, unless otherwise stated, the number of patients refers to the number of discharges during the year including any multiple discharges of the same person.

Days of Care: A day during which inpatient hospital services were furnished to a person eligible for HI benefits under Medicare who was discharged during the period January 1 through December 31 of each year.

Reimbursement: Payments under the HI program which are shown in this report are based on interim reimbursement rates established to reflect costs as closely as possible, usually established as a per diem amount or on percentages of total charges. Figures shown exclude amounts for which the patient is responsible such as deductibles, coinsurance, and charges for noncovered services. The final amount of reimbursement due under Medicare to each provider of medical services is determined after the end of the fiscal year on the basis of the provider's audited reasonable costs of operation.

Primary Diagnosis: All diagnostic information shown in these tables is classified according to the eighth revision of the *International Classification of Diseases, Adapted for Use in the United States, 1967* (ICDA-8). Three or four-digit codes are assigned for each primary diagnosis. If more than one diagnosis is primary, the first diagnosis is indicated by a one-digit code. Diagnostic data contained in HI reports prior to 1971 were based on the seventh revision of ICDA.

Length of Stay: The number of days of care for a discharge. The day of discharge is not counted as a day of care. A hospitalization of less than one day, that is, the patient is admitted and discharged on the same day, is counted as one day.

Hospital Charges: The hospital's charges for room, board, and ancillary services as recorded on the billing form.

Annual Rates Per 1,000 Enrollees: A ratio of the total number of discharges, days of care, or persons served (multiplied by 1,000) to the number of persons entitled to benefits on July 1 of that year.

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General Tables

Short-Stay Hospital Use by the Aged, 1977

Symbols	
Percentages larger than 0 but smaller than 0.05	0.0
Numbers higher than 0 but lower than 500	*
Amounts more than 0 but less than $500,000	**
Figures subject to relatively large variability	***

TABLE I

Number of Discharges, Days of Care, Charges, and Reimbursements, 1967-1977

Calendar Year	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
1967	5,228	268	72,146	3,701	68,487	94.9	13.8	13.1	$ 3,529	$ ---	---	$ 2,760	$ 528	$ 40
1968	5,641	285	77,846	3,938	75,589	97.1	13.8	13.4	4,406	---	---	3,509	622	46
1969	5,852	292	79,002	3,947	77,246	97.8	13.5	13.2	5,220	5,053	96.8	4,085	698	53
1970	5,951	292	77,363	3,800	75,578	97.7	13.0	12.7	5,886	5,692	96.7	4,481	753	59
1971	6,090	294	76,125	3,670	74,298	97.6	12.5	12.2	6,638	6,459	97.3	5,036	827	68
1972	6,380	302	77,198	3,656	75,284	97.5	12.1	11.8	7,401	7,194	97.2	5,576	874	74
1973	6,751	313	78,987	3,662	77,637	98.3	11.7	11.5	8,277	8,054	97.3	6,245	925	80
1974	7,033	320	80,880	3,677	79,770	98.6	11.5	11.2	9,614	9,393	97.7	7,209	1,025	90
1975	7,285	324	81,592	3,631	80,135	98.2	11.2	11.0	11,853	11,604	97.9	8,859	1,216	111
1976	7,607	332	84,438	3,684	82,916	98.2	11.1	10.9	14,263	13,978	98.0	10,589	1,392	128
1977[1]	7,768	331	84,251	3,589	82,984	98.5	10.9	10.7	16,552	16,313	98.6	12,045	1,551	145
1977[2]	7,927	338	87,323	3,720	86,013	98.5	11.0	10.8	16,892	16,656	98.6	12,297	1,551	143

[1]Represents short-stay hospital utilization and cost estimates based on discharge *stay* records processed and recorded in HCFA as of July 1978. These estimates, as shown in Tables II through VIII of this report, are incomplete to the extent that approximately 2 percent of the discharge stay records for 1977 were not included in the file used to prepare this report (See Sources and Limitations of Data in Appendix A).

[2]Represents projected "true" short-stay hospital utilization and cost estimates based on discharge *bill* records processed and recorded in HCFA as of March 1979. These estimates are provided to enable the reader to make longitudinal comparisons with the data shown above for the years 1967-1976.

TABLE II

Discharges by Age, Race, and Sex: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Age, Race, and Sex	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Total (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Discharges														
All Persons														
Total	7,768	331	84,251	3,589	82,984	98.5	10.9	10.7	$16,552	$16,313	98.6	$12,045	$1,551	$145
65 to 69 Years	2,078	265	20,760	2,649	20,513	98.8	10.0	9.9	4,360	4,304	98.7	3,081	1,482	150
70 to 74 Years	1,910	311	20,140	3,276	19,887	98.7	10.5	10.4	4,084	4,028	98.6	2,937	1,538	147
75 to 79 Years	1,625	365	18,005	4,047	17,759	98.6	11.1	10.9	3,501	3,452	98.6	2,562	1,576	144
80 to 84 Years	1,222	413	14,178	4,796	13,912	98.1	11.6	11.4	2,634	2,591	98.4	1,964	1,608	141
85 Years and Over	933	448	11,168	5,362	10,913	97.7	12.0	11.7	1,973	1,938	98.2	1,501	1,608	137
Men	3,445	361	36,245	3,800	35,736	98.6	10.5	10.4	7,611	7,509	98.6	5,348	1,552	149
65 to 69 Years	1,033	293	10,200	2,890	10,078	98.8	9.9	9.8	2,269	2,241	98.8	1,553	1,503	154
70 to 74 Years	909	348	9,419	3,606	9,304	98.8	10.4	10.2	2,028	2,001	98.7	1,415	1,556	152
75 to 79 Years	704	411	7,580	4,427	7,478	98.7	10.8	10.6	1,571	1,550	98.6	1,109	1,576	148
80 to 84 Years	467	450	5,228	5,041	5,140	98.3	11.2	11.0	1,032	1,017	98.5	745	1,597	145
85 Years and Over	332	514	3,817	5,905	3,735	97.9	11.5	11.2	711	700	98.4	526	1,581	140
Women	4,323	310	48 006	3,444	47,248	98.4	11.1	10.9	8,941	8,805	98.5	6,697	1,549	141
65 to 69 Years	1,045	243	10,560	2,451	10,435	98.8	10.1	10.0	2,091	2,063	98.7	1,528	1,462	146
70 to 74 Years	1,001	283	10,720	3,031	10,583	98.7	10.7	10.6	2,056	2,026	98.5	1,522	1,521	143
75 to 79 Years	921	337	10,425	3,809	10,281	98.6	11.3	11.2	1,930	1,902	98.6	1,452	1,576	141
80 to 84 Years	755	393	8,950	4,664	8,772	98.0	11.9	11.6	1,602	1,575	98.3	1,219	1,615	138
85 Years and Over	601	418	7,351	5,117	7,178	97.6	12.2	11.9	1,262	1,238	98.1	975	1,623	135
White														
Total	7,022	337	75,366	3,613	74,263	98.5	10.7	10.6	14,796	14,583	98.6	10,756	1,532	144
65 to 69 Years	1,858	269	18,287	2,648	18,075	98.8	9.8	9.7	3,847	3,797	98.7	2,712	1,460	150
70 to 74 Years	1,725	315	17,947	3,279	17,736	98.8	10.4	10.3	3,639	3,589	98.6	2,613	1,515	147
75 to 79 Years	1,478	371	16,192	4,068	15,981	98.7	11.0	10.8	3,144	3,100	98.6	2,299	1,555	143
80 to 84 Years	1,122	421	12,937	4,851	12,693	98.1	11.5	11.3	2,400	2,360	98.4	1,789	1,595	140
85 Years and Over	840	459	10,003	5,466	9,778	97.8	11.9	11.6	1,766	1,736	98.3	1,344	1,599	137
Men	3,108	368	32,270	3,824	31,835	98.7	10.4	10.2	6,790	6,699	98.7	4,757	1,530	149
65 to 69 Years	923	298	8,965	2,894	8,859	98.8	9.7	9.6	2,003	1,977	98.7	1,365	1,479	154
70 to 74 Years	816	354	8,318	3,604	8,225	98.9	10.2	10.1	1,797	1,774	98.7	1,248	1,529	151
75 to 79 Years	637	418	6,761	4,438	6,678	98.8	10.6	10.5	1,403	1,385	98.7	988	1,550	147
80 to 84 Years	429	460	4,772	5,107	4,691	98.3	11.1	10.9	943	929	98.5	680	1,584	144
85 Years and Over	303	526	3,454	6,004	3,382	97.9	11.4	11.2	644	635	98.5	476	1,573	140
Women	3,914	315	43,097	3,471	42,427	98.5	11.0	10.8	8,006	7,884	98.5	5,999	1,533	141
65 to 69 Years	935	246	9,322	2,448	9,216	98.9	10.0	9.9	1,844	1,820	98.7	1,347	1,440	146
70 to 74 Years	908	287	9,629	3,042	9,511	98.8	10.6	10.5	1,842	1,815	98.6	1,364	1,502	143
75 to 79 Years	841	342	9,431	3,839	9,301	98.6	11.2	11.1	1,741	1,716	98.6	1,311	1,559	140
80 to 84 Years	692	400	8,165	4,712	8,002	98.0	11.8	11.6	1,457	1,431	98.3	1,109	1,603	138
85 Years and Over	538	429	6,550	5,220	6,396	97.7	12.2	11.9	1,122	1,101	98.1	868	1,614	135

TABLE II (continued)

Discharges by Age, Race, and Sex: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Age, Race, and Sex	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Total (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Persons (cont'd)														
All Other Races														
Total	553	280	6,734	3,407	6,607	98.1	12.2	12.0	$ 1,340	$ 1,321	98.6	$ 986	$ 1,782	$149
65 to 69 Years	154	228	1,795	2,649	1,768	98.5	11.6	11.5	374	370	99.0	272	1,763	153
70 to 74 Years	144	268	1,740	3,247	1,709	98.3	12.1	11.9	356	351	98.6	261	1,816	152
75 to 79 Years	119	314	1,494	3,949	1,464	97.9	12.6	12.3	295	290	98.4	217	1,827	148
80 to 84 Years	77	342	961	4,269	943	98.1	12.5	12.3	182	180	98.6	136	1,763	143
85 Years and Over	59	369	744	4,653	722	97.0	12.6	12.2	132	130	98.0	99	1,683	137
Men	261	304	3,162	3,674	3,100	98.0	12.1	11.9	652	643	98.7	473	1,811	152
65 to 69 Years	79	248	917	2,872	903	98.5	11.6	11.4	197	195	99.0	141	1,781	155
70 to 74 Years	73	300	889	3,644	874	98.2	12.1	11.9	188	185	98.7	136	1,861	156
75 to 79 Years	55	353	694	4,421	677	97.5	12.5	12.2	142	140	98.4	103	1,862	152
80 to 84 Years	31	358	376	4,405	370	98.3	12.3	12.1	74	73	98.7	54	1,766	145
85 Years and Over	23	419	286	5,205	276	96.7	12.4	12.0	52	51	97.9	39	1,690	140
Women	292	261	3,572	3,200	3,506	98.2	12.2	12.0	688	678	98.5	512	1,756	146
65 to 69 Years	75	210	878	2,450	865	98.5	11.7	11.5	177	175	98.9	131	1,743	151
70 to 74 Years	70	242	850	2,915	836	98.3	12.1	11.9	169	166	98.5	125	1,770	149
75 to 79 Years	64	287	800	3,614	787	98.3	12.6	12.4	153	150	98.5	114	1,797	145
80 to 84 Years	46	332	585	4,186	573	98.0	12.6	12.4	109	107	98.5	82	1,761	142
85 Years and Over	36	343	458	4,365	445	97.2	12.7	12.4	80	78	98.0	61	1,679	135
With Surgery														
All Persons														
Total	2,573	110	32,522	1,385	32,219	99.1	12.6	12.5	7,606	7,516	98.8	5,201	2,021	161
65 to 69 Years	791	101	8,967	1,144	8,897	99.2	11.3	11.2	2,205	2,180	98.8	1,470	1,858	165
70 to 74 Years	676	110	8,195	1,334	8,132	99.2	12.1	12.0	1,957	1,934	98.8	1,327	1,963	163
75 to 79 Years	527	118	6,854	1,541	6,797	99.2	13.0	12.9	1,579	1,561	98.9	1,087	2,064	159
80 to 84 Years	349	118	4,927	1,667	4,867	98.8	14.1	13.9	1,096	1,082	98.7	767	2,195	157
85 Years and Over	230	111	3,579	1,718	3,526	98.5	15.6	15.4	770	760	98.7	549	2,392	155
Men	1,244	130	15,307	1,605	15,169	99.1	12.3	12.2	3,764	3,721	98.9	2,505	2,015	165
65 to 69 Years	406	115	4,612	1,307	4,575	99.2	11.4	11.3	1,193	1,180	98.9	773	1,903	169
70 to 74 Years	346	133	4,145	1,587	4,116	99.3	12.0	11.9	1,035	1,024	98.9	687	1,984	166
75 to 79 Years	251	147	3,186	1,861	3,159	99.1	12.7	12.6	768	759	98.9	515	2,053	163
80 to 84 Years	149	143	2,015	1,942	1,990	98.8	13.6	13.4	468	462	98.7	319	2,149	160
85 Years and Over	91	141	1,349	2,087	1,329	98.5	14.8	14.6	301	297	98.8	210	2,305	158
Women	1,329	95	17,215	1,235	17,050	99.0	13.0	12.8	3,842	3,794	98.8	2,695	2,027	158
65 to 69 Years	385	89	4,355	1,011	4,322	99.3	11.3	11.2	1,012	1,000	98.8	697	1,811	161
70 to 74 Years	330	93	4,050	1,145	4,016	99.2	12.3	12.2	922	910	98.7	640	1,941	159
75 to 79 Years	276	101	3,668	1,340	3,638	99.2	13.3	13.2	811	802	98.8	572	2,075	157
80 to 84 Years	201	105	2,913	1,518	2,877	98.8	14.5	14.3	628	620	98.7	448	2,229	155
85 Years and Over	139	96	2,230	1,552	2,196	98.5	16.1	15.8	469	463	98.6	339	2,449	154

TABLE II (continued)

Discharges by Age, Race, and Sex: Use, Charges and Reimbursements for Patients With Surgery and Without Surgery, 1977

Age, Race, and Sex	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Total (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
With Surgery (cont'd)														
White														
Total	2,343	112	29,192	1,400	28,922	99.1	12.5	12.3	$6,826	$6,743	98.8	$4,660	$1,989	$161
65 to 69 Years	714	103	7,936	1,149	7,874	99.2	11.1	11.0	1,958	1,934	98.8	1,301	1,822	165
70 to 74 Years	615	112	7,329	1,339	7,277	99.3	11.9	11.8	1,751	1,730	98.8	1,185	1,928	162
75 to 79 Years	482	121	6,182	1,553	6,130	99.2	12.8	12.7	1,421	1,405	98.8	977	2,026	159
80 to 84 Years	323	121	4,522	1,695	4,467	98.8	14.0	13.8	1,004	991	98.7	702	2,173	157
85 Years and Over	208	114	3,222	1,761	3,175	98.5	15.5	15.2	692	684	98.7	494	2,372	155
Men	1,128	134	13,637	1,616	13,513	99.1	12.1	12.0	3,363	3,324	98.8	2,230	1,977	164
65 to 69 Years	366	118	4,058	1,310	4,024	99.2	11.1	11.0	1,057	1,044	98.8	681	1,862	169
70 to 79 Years	313	136	3,667	1,589	3,641	99.3	11.7	11.6	919	909	98.9	607	1,941	166
75 to 79 Years	228	150	2,841	1,864	2,817	99.2	12.4	12.4	685	677	98.8	458	2,007	162
80 to 84 Years	138	147	1,848	1,977	1,824	98.8	13.4	13.3	429	423	98.7	292	2,126	160
85 Years and Over	83	145	1,224	2,128	1,206	98.5	14.7	14.5	273	270	98.8	191	2,288	158
Women	1,215	98	15,555	1,253	15,409	99.1	12.8	12.7	3,463	3,419	98.7	2,431	2,000	157
65 to 69 Years	348	91	3,879	1,018	3,849	99.2	11.1	11.0	901	890	98.8	620	1,779	160
70 to 74 Years	302	95	3,662	1,157	3,635	99.3	12.1	12.0	832	821	98.7	578	1,913	158
75 to 79 Years	254	103	3,341	1,360	3,313	99.2	13.2	13.0	736	727	98.8	519	2,043	156
80 to 84 Years	186	107	2,675	1,544	2,642	98.8	14.4	14.2	575	567	98.7	410	2,208	155
85 Years and Over	125	100	1,998	1,592	1,969	98.5	16.0	15.7	419	414	98.7	304	2,428	154
All Other Races														
Total	165	84	2,483	1,256	2,460	99.1	15.0	14.9	586	581	99.2	408	2,466	165
65 to 69 Years	52	76	734	1,083	729	99.3	14.2	14.0	177	176	99.3	123	2,367	168
70 to 74 Years	46	86	679	1,268	673	99.1	14.7	14.6	163	162	99.1	113	2,447	167
75 to 79 Years	35	93	549	1,451	544	99.0	15.6	15.5	128	127	99.2	90	2,556	165
80 to 84 Years	20	87	307	1,363	304	99.0	15.6	15.5	70	70	99.1	49	2,513	162
85 Years and Over	13	79	213	1,333	210	98.7	17.0	16.7	47	46	99.0	33	2,614	156
Men	87	102	1,316	1,529	1,304	99.1	15.0	14.9	315	313	99.2	219	2,502	167
65 to 69 Years	28	88	404	1,265	401	99.2	14.4	14.3	99	98	99.3	68	2,415	169
70 to 74 Years	26	106	387	1,585	384	99.2	14.9	14.8	94	94	99.2	65	2,525	170
75 to 79 Years	19	119	290	1,847	287	98.9	15.5	15.4	69	68	99.1	48	2,571	167
80 to 84 Years	9	103	137	1,598	135	99.2	15.5	15.4	32	31	99.3	22	2,511	163
85 Years and Over	6	109	99	1,798	97	98.5	16.5	16.2	22	22	98.7	15	2,588	159
Women	78	70	1,167	1,045	1,157	99.1	15.0	14.8	271	268	99.2	189	2,425	163
65 to 69 Years	24	66	331	923	329	99.4	13.9	13.9	78	78	99.4	55	2,310	166
70 to 74 Years	20	69	292	1,001	289	99.1	14.4	14.3	69	68	99.0	48	2,348	164
75 to 79 Years	16	74	259	1,170	257	99.2	15.7	15.6	59	59	99.2	42	2,539	162
80 to 84 Years	11	77	170	1,219	168	98.9	15.7	15.6	39	38	99.0	27	2,516	161
85 Years and Over	7	63	114	1,090	113	98.8	17.4	17.2	25	25	99.2	17	2,637	153

TABLE II (continued)

Discharges by Age, Race, and Sex: Use, Charges and Reimbursements for Patients With Surgery and Without Surgery, 1977

Age, Race, and Sex	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Total (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Without Surgery														
All Persons														
Total	5,195	221	51,729	2,204	50,765	98.1	10.0	9.8	$8,946	$8,798	98.3	$6,845	$1,317	$134
65 to 69 Yers	1,287	164	11,793	1,505	11,616	98.5	9.2	9.0	2,155	2,125	98.6	1,611	1,252	138
70 to 74 Years	1,234	201	11,945	1,943	11,755	98.4	9.7	9.5	2,127	2,094	98.4	1,610	1,305	137
75 to 79 Years	1,099	247	11,151	2,506	10,963	98.3	10.2	10.0	1,922	1,891	98.4	1,475	1,342	134
80 to 84 Years	872	295	9,251	3,129	9,045	97.8	10.6	10.4	1,539	1,510	98.1	1,197	1,372	132
85 Years and Over	704	338	7,589	3,644	7,387	97.3	10.8	10.5	1,203	1,178	97.9	951	1,352	128
Men	2,202	231	20,938	2,195	20,567	98.2	9.5	9.3	3,847	3,787	98.4	2,843	1,291	138
65 to 69 Years	626	177	5,588	1,583	5,503	98.5	8.9	8.8	1,076	1,061	98.6	779	1,244	141
70 to 74 Years	563	216	5,274	2,019	5,188	98.4	9.4	9.2	993	977	98.5	728	1,293	140
75 to 79 Years	453	264	4,394	2,566	4,320	98.3	9.7	9.5	803	791	98.4	594	1,312	137
80 to 84 Years	318	307	3,214	3,099	3,150	98.0	10.1	9.9	565	555	98.3	426	1,339	135
85 Years and Over	241	373	2,468	3,818	2,406	97.5	10.2	10.0	410	403	98.2	315	1,308	131
Women	2,994	214	30,791	2,209	30,198	98.1	10.3	10.1	5,099	5,011	98.3	4,002	1,337	132
65 to 69 Years	661	153	6,205	1,440	6,113	98.5	9.4	9.2	1,079	1,064	98.6	832	1,259	136
70 to 74 Years	671	190	6,671	1,886	6,567	98.4	9.9	9.8	1,135	1,116	98.4	882	1,315	134
75 to 79 Years	646	236	6,757	2,469	6,643	98.3	10.5	10.3	1,119	1,100	98.4	880	1,363	132
80 to 84 Years	554	289	6,037	3,146	5,895	97.6	10.9	10.6	974	955	98.0	771	1,392	130
85 Years and Over	462	322	5,122	3,565	4,981	97.3	11.1	10.8	793	776	97.8	636	1,375	127
White														
Total	4,679	224	46,174	2,214	45,341	98.2	9.9	9.7	7,970	7,840	98.4	6,095	1,303	134
65 to 69 Years	1,144	166	10,350	1,499	10,201	98.6	9.0	8.9	1,890	1,863	98.6	1,411	1,233	138
70 to 74 Years	1,110	203	10,617	1,940	10,460	98.5	9.6	9.4	1,888	1,859	98.4	1,427	1,286	136
75 to 79 Years	996	250	10,011	2,515	9,851	98.4	10.1	9.9	1,722	1,696	98.4	1,321	1,327	134
80 to 84 Years	798	299	8,415	3,155	8,226	97.8	10.5	10.3	1,396	1,370	98.1	1,087	1,361	132
85 Years and Over	632	345	6,781	3,705	6,604	97.4	10.7	10.4	1,074	1,052	98.0	849	1,344	128
Men	1,980	235	18,632	2,208	18,323	98.3	9.4	9.2	3,427	3,375	98.5	2,527	1,276	137
65 to 69 Years	557	180	4,907	1,584	4,835	98.5	8.8	8.7	946	933	98.6	683	1,227	141
70 to 79 Years	504	218	4,651	2,015	4,584	98.6	9.2	9.1	878	865	98.5	641	1,273	139
75 to 79 Years	409	268	3,921	2,573	3,862	98.5	9.6	9.4	718	707	98.5	530	1,295	137
80 to 84 Years	292	312	2,925	3,130	2,867	98.0	10.0	9.8	514	505	98.3	387	1,328	135
85 Years and Over	219	381	2,229	3,875	2,176	97.6	10.2	9.9	371	365	98.3	285	1,301	131
Women	2,699	217	27,542	2,218	27,019	98.1	10.2	10.0	4,543	4,465	98.3	3,568	1,322	132
65 to 69 Years	587	154	5,443	1,429	5,366	98.6	9.3	9.1	943	930	98.6	727	1,239	135
70 to 74 Years	606	192	5,967	1,885	5,876	98.5	9.8	9.7	1,011	994	98.4	786	1,297	133
75 to 79 Years	587	239	6,090	2,479	5,989	98.3	10.4	10.2	1,005	988	98.4	792	1,349	132
80 to 84 Years	507	292	5,490	3,169	5,360	97.6	10.8	10.6	882	864	98.0	699	1,381	130
85 Years and Over	413	329	4,552	3,628	4,428	97.2	11.0	10.7	702	687	97.8	564	1,367	127

TABLE II (continued)

Discharges by Age, Race, and Sex: Use, Charges, and Reimbursements for Patients with Surgery and Without Surgery, 1977

Age, Race, and Sex	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Total (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Without Surgery (cont'd)														
All Other Races														
Total	388	196	4,252	2,151	4,146	97.5	11.0	10.7	$754	$740	98.2	$578	$1,491	$139
65 to 69 Years	102	151	1,061	1,565	1,039	98.0	10.3	10.1	197	194	98.6	150	1,458	143
70 to 74 Years	98	182	1,061	1,979	1,036	97.7	10.9	10.6	193	189	98.2	148	1,518	142
75 to 79 Years	84	221	945	2,498	920	97.3	11.3	11.0	167	163	97.9	128	1,521	138
80 to 84 Years	57	254	654	2,906	639	97.7	11.4	11.2	112	110	98.3	86	1,506	134
85 Years and Over	46	291	531	3,320	511	96.4	11.4	11.0	86	83	97.4	67	1,432	130
Men	174	202	1,847	2,145	1,797	97.3	10.6	10.3	337	331	98.2	254	1,463	141
65 to 69 Years	51	160	513	1,608	503	98.0	10.1	9.9	98	96	98.7	73	1,433	145
70 to 74 Years	47	194	502	2,058	490	97.5	10.6	10.3	93	92	98.3	71	1,497	144
75 to 79 Years	37	234	404	2,574	390	96.6	11.0	10.6	73	72	97.7	55	1,502	141
80 to 84 Years	22	255	240	2,807	235	97.8	11.0	10.8	42	41	98.2	32	1,464	135
85 Years and Over	17	310	187	3,407	179	95.8	11.0	10.5	31	30	97.3	23	1,374	130
Women	214	192	2,405	2,155	2,350	97.7	11.2	11.0	417	409	98.2	323	1,513	137
65 to 69 Years	52	144	548	1,528	536	98.0	10.6	10.4	99	98	98.6	76	1,483	142
70 to 79 Years	50	172	558	1,914	546	97.9	11.1	10.9	100	98	98.2	77	1,537	141
75 to 79 Years	47	212	541	2,444	530	97.9	11.5	11.3	93	91	98.0	72	1,537	136
80 to 84 Years	36	254	415	2,967	405	97.6	11.7	11.4	70	69	98.3	54	1,531	134
85 Years and Over	29	281	344	3,275	332	96.7	11.7	11.3	55	54	97.5	43	1,465	129

TABLE III

Discharges by Region, Division, and State: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Area of Residence	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Discharges														
All Areas	7,768	331	84,251	3,589	82,984	98.5	10.9	10.7	$16,552	$16,313	98.6	$12,045	$1,551	$145
United States	7,713	335	83,667	3,634	82,412	98.5	10.9	10.7	16,487	16,251	98.6	12,007	1,557	146
Northeast	1,678	296	22,262	3,936	21,626	97.1	13.3	12.9	4,744	4,638	97.8	3,258	1,941	150
North Central	2,190	348	24,289	3,867	24,012	98.9	11.1	11.0	4,477	4,432	99.0	3,410	1,557	141
South	2,667	364	26,716	3,655	26,496	99.2	10.0	9.9	4,620	4,555	98.6	3,305	1,239	124
West	1,177	313	10,387	2,764	10,265	98.8	8.8	8.7	2,643	2,623	99.2	2,032	1,727	197
New England	436	309	5,220	3,701	5,060	96.9	12.0	11.6	1,083	1,058	97.7	855	1,960	168
Connecticut	91	273	1,052	3,155	1,041	98.9	11.6	11.4	229	226	98.8	186	2,038	178
Maine	46	348	469	3,516	460	98.0	10.1	9.9	89	88	98.9	71	1,537	155
Massachusetts	215	318	2,795	4,132	2,666	95.4	13.0	12.4	601	582	96.8	466	2,165	174
New Hampshire	32	332	320	3,350	316	98.8	10.1	10.0	55	54	98.6	43	1,370	137
Rhode Island	32	274	370	3,177	367	99.2	11.6	11.5	77	76	98.8	62	1,931	167
Vermont	20	360	214	3,873	209	98.0	10.8	10.6	33	33	98.5	27	1,342	127
Middle Atlantic	1,242	293	17,042	4,014	16,567	97.2	13.7	13.3	3,661	3,580	97.8	2,403	1,935	145
New Jersey	230	291	3,143	3,981	3,075	97.8	13.7	13.4	655	645	98.4	417	1,810	135
New York	578	283	8,555	4,188	8,241	96.3	14.8	14.2	1,922	1,867	97.2	1,279	2,212	155
Pennsylvania	434	307	5,345	3,780	5,251	98.2	12.3	12.1	1,084	1,068	98.4	707	1,631	134
East North Central	1,392	332	16,142	3,851	15,981	99.0	11.6	11.5	3,140	3,112	99.1	2,369	1,703	148
Illinois	409	348	4,854	4,133	4,773	98.3	11.9	11.7	1,021	1,011	99.0	737	1,802	154
Indiana	181	330	2,030	3,704	2,011	99.1	11.2	11.1	321	317	98.8	265	1,462	131
Michigan	277	326	3,225	3,792	3,206	99.4	11.6	11.6	702	697	99.4	535	1,933	167
Ohio	352	324	4,192	3,857	4,163	99.3	11.9	11.8	775	768	99.1	572	1,925	137
Wisconsin	173	324	1,842	3,462	1,828	99.2	10.7	10.6	321	318	99.2	261	1,508	142
West North Central	799	382	8,147	3,898	8,031	98.6	10.2	10.0	1,337	1,320	98.7	1,040	1,302	129
Iowa	143	383	1,377	3,689	1,361	98.9	9.6	9.5	218	216	98.7	177	1,237	129
Kansas	122	419	1,218	4,188	1,202	98.7	10.0	9.9	191	188	98.7	146	1,195	121
Minnesota	164	361	1,647	3,630	1,617	98.2	10.0	9.9	281	277	98.7	235	1,433	145
Missouri	221	362	2,492	4,085	2,468	99.0	11.3	11.2	421	416	98.9	312	1,409	126
Nebraska	79	397	765	3,864	751	98.2	9.7	9.6	125	123	98.6	90	1,145	119
North Dakota	34	438	310	4,036	303	97.8	9.2	9.0	51	50	98.8	42	1,236	137
South Dakota	37	419	338	3,867	330	97.5	9.2	9.0	50	49	98.2	40	1,082	120
South Atlantic	1,222	333	12,866	3,502	12,732	99.0	10.5	10.4	2,365	2,334	98.7	1,714	1,403	134
Delaware	15	287	188	3,493	184	98.1	12.2	11.9	36	36	98.5	28	1,819	152
Dist. of Columbia	17	252	243	3,683	227	93.2	14.6	13.7	54	52	95.0	43	2,597	190
Florida	455	338	4,465	3,317	4,448	99.6	9.8	9.8	981	972	99.1	690	1,516	155
Georgia	162	366	1,447	3,272	1,433	99.0	8.9	8.9	246	242	98.3	178	1,096	123
Maryland	96	279	1,239	3,596	1,228	99.1	12.9	12.8	251	248	98.7	206	2,142	167
North Carolina	170	326	1,890	3,635	1,865	98.7	11.1	11.0	259	255	98.5	199	1,172	106
South Carolina	79	324	804	3,308	797	99.2	10.2	10.1	121	119	98.3	90	1,146	113
Virginia	146	331	1,712	3,888	1,690	98.7	11.7	11.6	281	278	99.0	191	1,310	113
West Virginia	83	379	878	4,016	861	98.0	10.6	10.4	135	132	98.2	89	1,078	103

TABLE III (continued)

Discharges by Region, Division, and State: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Area of Residence	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Discharges (cont'd)														
East South Central	579	393	5,778	3,919	5,742	99.4	10.0	9.9	$917	$901	98.3	$610	$1,054	$106
Alabama	151	391	1,465	3,792	1,461	99.7	9.7	9.7	262	257	98.2	164	1,087	112
Kentucky	143	380	1,436	3,829	1,425	99.3	10.1	10.0	206	204	98.8	155	1,086	108
Mississippi	113	440	1,132	4,402	1,124	99.3	10.0	9.9	154	151	97.8	104	922	92
Tennessee	172	377	1,746	3,829	1,732	99.2	10.2	10.1	295	289	98.2	186	1,085	107
West South Central	866	401	8,073	3,735	8,022	99.4	9.3	9.3	1,339	1,319	98.6	981	1,133	122
Arkansas	121	434	1,068	3,843	1,062	99.5	8.8	8.8	157	154	98.4	104	864	98
Louisiana	138	389	1,310	3,701	1,304	99.6	9.5	9.5	217	213	98.0	146	1,062	112
Oklahoma	133	393	1,198	3,547	1,188	99.2	9.0	9.0	216	214	99.1	160	1,205	134
Texas	475	399	4,498	3,774	4,469	99.4	9.5	9.4	749	738	98.6	571	1,202	127
Mountain	309	339	2,788	3,066	2,748	98.6	9.0	8.9	556	550	99.0	414	1,342	150
Arizona	76	311	749	3,074	735	98.2	9.9	9.7	160	158	99.0	117	1,537	158
Colorado	81	367	779	3,516	772	99.1	9.6	9.5	155	154	99.0	114	1,398	147
Idaho	31	361	245	2,905	240	97.7	8.0	7.9	44	44	99.4	35	1,138	144
Montana	32	410	264	3,337	259	98.3	8.1	8.0	44	44	98.8	34	1,053	131
Nevada	18	351	157	3,090	156	99.4	8.8	8.8	42	42	99.4	30	1,663	190
New Mexico	31	318	274	2,796	267	97.4	8.8	8.6	51	51	98.5	40	1,274	148
Utah	26	267	204	2,107	203	99.6	7.9	7.8	41	41	99.6	32	1,245	158
Wyoming	14	390	117	3,309	116	99.0	8.5	8.4	18	18	98.1	14	998	119
Pacific	868	305	7,599	2,668	7,517	98.9	8.8	8.7	2,087	2,072	99.3	1,618	1,863	215
Alaska	3	300	22	2,394	21	96.6	8.0	7.7	7	6	95.6	5	1,934	251
California	647	305	5,832	2,749	5,773	99.0	9.0	8.9	1,696	1,685	99.3	1,300	2,009	225
Hawaii	15	249	150	2,428	141	94.2	9.7	9.2	32	31	96.9	26	1,655	180
Oregon	84	307	685	2,511	677	98.9	8.2	8.1	153	152	99.2	129	1,538	190
Washington	119	312	909	2,372	903	99.3	7.6	7.6	199	198	99.4	159	1,330	175
Other Areas	55	121	583	1,298	571	97.9	10.6	10.4	64	62	96.9	38	691	69
Puerto Rico	51	220	549	2,342	539	98.2	10.7	10.5	58	57	97.3	33	651	62
Virgin Islands	1	194	11	3,043	10	87.1	15.7	13.7	1	1	89.3	1	876	64
Foreign Countries	2	8	18	86	18	99.7	10.7	10.7	4	4	98.7	3	1,825	170
All Other Areas	*	211	5	2,093	5	99.8	9.9	9.9	1	1	99.2	1	1,378	139
With Surgery														
All Areas	2,573	110	32,522	1,385	32,219	99.1	12.6	12.5	7,606	7,516	98.8	5,201	2,021	161
United States	2,556	111	32,321	1,404	32,021	99.1	12.6	12.5	7,580	7,490	98.8	5,187	2,029	$162
Northeast	609	108	9,038	1,598	8,872	98.2	14.8	14.6	2,205	2,165	98.2	1,426	2,340	160
North Central	719	115	9,505	1,513	9,443	99.4	13.2	13.1	2,079	2,063	99.2	1,498	2,083	158
South	817	112	9,583	1,311	9,540	99.6	11.7	11.7	2,043	2,017	98.7	1,361	1,665	142
West	411	109	4,190	1,115	4,161	99.3	10.2	10.1	1,252	1,244	99.4	901	2,191	216

TABLE III (continued)

Discharges by Region, Division, and State: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Area of Residence	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
With Surgery (cont'd)														
New England	153	109	2,139	1,516	2,093	97.8	14.0	13.6	$519	$509	98.1	$404	$2,635	$193
Connecticut	35	105	463	1,389	461	99.4	13.2	13.1	112	111	98.9	90	2,577	196
Maine	15	111	185	1,384	183	99.2	12.5	12.4	43	42	99.0	35	2,344	189
Massachusetts	75	110	1,124	1,662	1,084	96.4	15.1	14.5	284	277	97.5	217	2,909	200
New Hampshire	10	105	122	1,279	121	99.5	12.2	12.1	25	25	98.8	20	1,974	163
Rhode Island	13	114	170	1,460	170	99.8	12.9	12.8	40	40	99.0	31	2,339	182
Vermont	6	102	74	1,346	74	99.4	13.2	13.1	14	14	99.1	11	2,008	153
Middle Atlantic	456	107	6,899	1,625	6,779	98.3	15.1	14.9	1,686	1,655	98.2	1,021	2,241	150
New Jersey	83	105	1,232	1,561	1,222	99.2	14.9	14.8	294	290	98.7	170	2,054	138
New York	212	104	3,452	1,690	3,363	97.4	16.3	15.9	876	855	97.6	543	2,564	161
Pennsylvania	161	114	2,214	1,566	2,195	99.1	13.7	13.6	516	510	98.9	309	1,913	140
East North Central	475	113	6,466	1,542	6,432	99.5	13.6	13.5	1,467	1,457	99.3	1,038	2,186	161
Illinois	136	116	1,947	1,658	1,934	99.3	14.3	14.2	475	472	99.3	312	2,295	161
Indiana	60	110	794	1,450	790	99.4	13.2	13.1	149	148	99.0	119	1,984	151
Michigan	99	116	1,281	1,507	1,277	99.6	13.0	13.0	327	325	99.4	238	2,415	186
Ohio	121	111	1,679	1,544	1,672	99.6	13.9	13.9	356	353	99.2	243	2,011	145
Wisconsin	60	112	764	1,435	760	99.5	12.8	12.7	160	159	99.4	127	2,118	166
West North Central	245	117	3,039	1,454	3,011	99.1	12.4	12.3	612	606	99.0	460	1,882	152
Iowa	44	117	525	1,405	522	99.4	12.0	12.0	102	101	99.1	82	1,887	157
Kansas	36	125	425	1,463	422	99.2	11.7	11.6	85	84	98.8	63	1,717	148
Minnesota	53	116	642	1,415	637	99.2	12.2	12.1	133	132	99.4	113	2,156	178
Missouri	68	112	932	1,527	924	99.2	13.7	13.5	187	185	99.0	127	1,859	137
Nebraska	24	120	288	1,455	279	97.0	12.2	11.8	59	58	98.3	37	1,562	132
North Dakota	10	126	110	1,427	109	99.4	11.3	11.2	23	23	99.4	19	2,007	178
South Dakota	10	115	118	1,347	118	99.7	11.8	11.7	23	22	99.4	18	1,809	154
South Atlantic	413	112	4,919	1,339	4,895	99.5	11.9	11.8	1,093	1,082	99.0	742	1,798	151
Delaware	5	101	64	1,198	64	99.0	11.8	11.7	15	15	98.8	11	2,099	179
Dist. of Columbia	6	95	93	1,416	92	98.8	14.9	14.7	24	24	98.4	20	3,131	212
Florida	167	124	1,831	1,361	1,828	99.8	11.0	10.9	476	472	99.2	308	1,842	168
Georgia	48	108	517	1,169	514	99.4	10.8	10.8	110	108	98.5	75	1,569	145
Maryland	38	110	551	1,599	549	99.6	14.6	14.5	125	124	98.9	100	2,636	181
North Carolina	54	104	674	1,297	672	99.6	12.5	12.4	115	114	98.9	85	1,570	126
South Carolina	26	106	301	1,238	299	99.5	11.7	11.6	56	55	98.5	39	1,515	130
Virginia	43	98	562	1,278	560	99.6	13.0	13.0	114	113	99.3	70	1,610	124
West Virginia	26	117	324	1,481	317	98.0	12.7	12.4	58	57	98.4	35	1,387	111
East South Central	157	106	1,905	1,292	1,898	99.6	12.1	12.1	380	374	98.3	229	1,459	120
Alabama	44	114	530	1,371	529	99.9	12.0	12.0	116	114	98.2	65	1,475	122
Kentucky	37	99	457	1,219	455	99.6	12.3	12.2	82	81	99.0	61	1,626	133
Mississippi	27	104	320	1,246	318	99.3	12.0	11.9	59	57	97.6	34	1,268	106
Tennessee	49	107	598	1,311	595	99.6	12.2	12.1	124	121	98.3	69	1,421	116
West South Central	247	114	2,759	1,277	2,747	99.5	11.2	11.1	569	561	98.6	389	1,575	141
Arkansas	29	103	323	1,161	321	99.5	11.3	11.2	60	59	98.4	36	1,263	112
Louisiana	40	114	458	1,294	456	99.7	11.3	11.3	96	94	98.0	56	1,390	123
Oklahoma	39	114	402	1,192	401	99.6	10.4	10.4	92	91	99.3	65	1,684	162
Texas	140	117	1,577	1,323	1,568	99.5	11.3	11.2	322	317	98.5	232	1,662	147

TABLE III (continued)

Discharges by Region, Division, and State: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Area of Residence	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
With Surgery (cont'd)														
Mountain	104	114	1,092	1,201	1,082	99.1	10.5	10.4	$264	$262	99.3	$178	$1,713	$164
Arizona	28	115	310	1,272	307	99.0	11.1	11.0	79	79	99.4	50	1,795	163
Colorado	26	118	297	1,341	296	99.5	11.4	11.4	70	70	99.4	45	1,722	151
Idaho	10	116	87	1,035	87	99.4	8.9	8.9	21	21	99.7	16	1,615	181
Montana	10	123	98	1,237	97	99.5	10.0	10.0	21	21	99.3	16	1,595	159
Nevada	6	117	59	1,174	59	99.6	10.1	10.0	19	19	99.5	12	2,043	203
New Mexico	10	103	107	1,091	103	96.5	10.6	10.2	24	23	98.1	18	1,789	175
Utah	10	106	92	952	92	99.8	9.0	9.0	22	21	99.6	15	1,496	167
Wyoming	4	110	41	1,159	41	99.4	10.5	10.4	8	8	99.0	6	1,488	142
Pacific	307	108	3,099	1,088	3,079	99.4	10.1	10.0	988	983	99.4	723	2,352	234
Alaska	1	103	9	1,012	9	98.0	9.8	9.6	3	3	98.4	3	2,792	290
California	228	107	2,363	1,114	2,349	99.4	10.4	10.3	793	789	99.4	568	2,491	241
Hawaii	6	93	64	1,036	62	97.2	11.1	10.8	16	16	98.2	13	2,283	211
Oregon	31	113	292	1,069	290	99.3	9.4	9.4	78	77	99.6	66	2,130	226
Washington	42	109	370	965	369	99.7	8.8	8.8	98	98	99.6	74	1,760	199
Other Areas	16	35	201	449	198	98.5	12.6	12.4	26	26	97.9	14	875	71
Puerto Rico	15	63	188	801	185	98.4	12.8	12.6	23	22	97.7	12	845	67
Virgin Islands	*	63	3	707	3	98.9	***	***	**	**	98.0	**	***	***
Foreign Countries	1	4	10	47	10	99.7	11.5	11.5	3	3	99.1	2	2,106	183
All Other Areas	*	45	1	545	1	99.8	***	***	**	**	99.7	**	***	***
Without Surgery														
All Areas	5,195	221	51,729	2,204	50,765	98.1	10.0	9.8	8,946	8,798	98.3	6,845	1,317	134
United States	5,157	224	51,348	2,230	50,393	98.1	10.0	9.8	8,907	8,760	98.4	6,821	1,323	135
Northeast	1,069	189	13,225	2,338	12,754	96.4	12.4	11.9	2,539	2,473	97.4	1,833	1,714	143
North Central	1,471	234	14,785	2,354	14,570	98.5	10.0	9.9	2,398	2,370	98.8	1,911	1,299	131
South	1,850	253	17,133	2,344	16,957	99.0	9.3	9.2	2,578	2,538	98.5	1,944	1,051	114
West	766	204	6,197	1,649	6,104	98.5	8.1	8.0	1,391	1,378	99.1	1,132	1,477	185
New England	283	201	3,081	2,185	2,967	96.3	10.9	10.5	564	549	97.3	451	1,593	151
Connecticut	56	168	589	1,766	581	98.6	10.5	10.4	117	115	98.7	95	1,701	163
Maine	32	237	285	2,131	277	97.3	9.0	8.8	46	45	98.8	37	1,160	132
Massachusetts	141	208	1,671	2,470	1,582	94.7	11.9	11.2	317	305	96.2	249	1,771	157
New Hampshire	22	227	198	2,071	195	98.4	9.1	9.0	29	29	98.5	24	1,091	121
Rhode Island	19	160	200	1,717	197	98.6	10.7	10.6	36	36	98.7	31	1,643	155
Vermont	14	257	139	2,527	136	97.3	9.8	9.6	19	19	98.1	15	1,077	112
Middle Atlantic	786	185	10,144	2,389	9,787	96.5	12.9	12.4	1,975	1,925	97.4	1,382	1,758	141
New Jersey	147	187	1,910	2,420	1,853	97.0	13.0	12.6	361	355	98.2	247	1,674	133
New York	367	179	5,102	2,498	4,878	95.6	13.9	13.3	1,046	1,012	96.8	737	2,009	151
Pennsylvania	272	193	3,131	2,214	3,057	97.6	11.5	11.2	568	557	98.1	399	1,465	130

TABLE III (continued)

Discharges by Region, Division, and State: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Area of Residence	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Without Surgery (cont'd)														
East North Central	917	219	9,677	2,308	9,549	98.7	10.6	10.4	$1,673	$1,656	99.0	$1,331	$1,452	$139
Illinois	273	232	2,906	2,474	2,839	97.7	10.6	10.4	545	539	98.9	425	1,557	149
Indiana	121	221	1,236	2,255	1,222	98.9	10.2	10.1	172	170	98.7	145	1,203	119
Michigan	178	210	1,944	2,286	1,929	99.2	10.9	10.8	375	372	99.3	297	1,667	154
Ohio	231	213	2,513	2,312	2,491	99.1	10.9	10.8	420	415	99.0	329	1,423	132
Wisconsin	113	212	1,078	2,026	1,068	99.0	9.6	9.5	161	160	99.0	134	1,185	125
West North Central	554	265	5,108	2,444	5,021	98.3	9.2	9.1	725	714	98.5	580	1,046	115
Iowa	100	266	853	2,284	840	98.5	8.6	8.4	116	114	98.5	95	951	112
Kansas	85	293	792	2,724	780	98.5	9.3	9.1	106	104	98.7	83	973	106
Minnesota	111	245	1,005	2,215	980	97.5	9.0	8.8	148	145	98.1	121	1,091	123
Missouri	153	250	1,561	2,558	1,543	98.9	10.2	10.1	234	231	98.8	184	1,207	119
Nebraska	55	277	477	2,409	471	98.8	8.7	8.6	66	65	98.8	53	965	112
North Dakota	24	312	200	2,609	194	97.0	8.4	8.1	28	27	98.3	22	924	114
South Dakota	27	304	220	2,520	212	96.2	8.3	8.0	27	27	97.3	22	808	101
South Atlantic	809	220	7,947	2,163	7,837	98.6	9.8	9.7	1,272	1,252	98.5	972	1,201	123
Delaware	10	186	123	2,295	120	97.7	12.3	12.0	21	21	98.3	17	1,667	138
Dist. of Columbia	10	157	150	2,267	134	89.8	14.5	13.0	30	28	92.3	24	2,273	175
Florida	288	214	2,634	1,957	2,620	99.5	9.2	9.1	505	500	99.0	382	1,327	145
Georgia	114	258	930	2,103	919	98.8	8.2	8.0	136	134	98.1	103	898	111
Maryland	58	169	688	1,996	679	98.7	11.8	11.6	126	124	98.5	106	1,822	156
North Carolina	116	222	1,215	2,338	1,194	98.2	10.5	10.3	144	141	98.2	114	986	95
South Carolina	53	218	503	2,070	498	99.0	9.5	9.4	65	64	98.1	51	966	102
Virginia	103	233	1,149	2,610	1,130	98.3	11.2	11.0	167	165	98.8	122	1,184	107
West Virginia	57	262	554	2,535	543	98.0	9.7	9.5	77	75	98.1	54	940	99
East South Central	422	286	3,873	2,627	3,844	99.3	9.2	9.1	537	527	98.2	381	903	99
Alabama	107	277	935	2,420	932	99.7	8.7	8.7	146	143	98.1	99	926	106
Kentucky	105	281	978	2,610	970	99.1	9.3	9.2	124	122	98.7	94	895	97
Mississippi	86	336	811	3,156	806	99.3	9.4	9.3	96	94	98.0	70	815	87
Tennessee	123	270	1,148	2,518	1,137	99.0	9.3	9.2	171	168	98.0	117	951	102
West South Central	619	286	5,313	2,458	5,275	99.3	8.6	8.5	769	758	98.6	592	956	112
Arkansas	92	332	745	2,682	741	99.5	8.1	8.0	97	95	98.4	68	741	92
Louisiana	97	275	852	2,407	847	99.5	8.8	8.7	122	119	98.0	90	926	106
Oklahoma	94	279	795	2,355	787	98.9	8.4	8.4	124	123	99.0	95	1,008	120
Texas	335	281	2,921	2,451	2,900	99.3	8.7	8.6	427	421	98.6	339	1,010	116
Mountain	205	225	1,696	1,865	1,667	98.2	8.3	8.1	292	289	98.8	237	1,155	141
Arizona	48	196	439	1,801	429	97.7	9.2	9.0	80	79	98.7	66	1,385	154
Colorado	55	250	482	2,174	477	98.9	8.7	8.6	85	84	98.7	69	1,245	144
Idaho	21	245	158	1,870	153	96.8	7.6	7.4	24	24	99.1	19	913	123
Montana	23	287	166	2,100	162	97.7	7.3	7.2	23	23	98.3	19	820	114
Nevada	12	235	97	1,916	96	99.4	8.2	8.1	23	22	99.4	18	1,475	181
New Mexico	21	215	167	1,704	164	98.0	7.9	7.8	28	27	98.7	22	1,026	131
Utah	16	161	112	1,155	111	99.5	7.2	7.1	20	19	99.5	17	1,080	151
Wyoming	10	280	76	2,150	75	98.8	7.7	7.6	10	10	97.3	8	805	106

TABLE III (continued)

Discharges by Region, Division, and State: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Area of Residence	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Rate Per 1,000 Enrolled	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Without Surgery (cont'd)														
Pacific	561	197	4,500	1,580	4,437	98.6	8.0	7.9	$1,099	$1,090	99.1	$895	$1,595	$201
Alaska	2	197	13	1,382	12	95.5	7.0	6.7	3	3	93.0	3	1,485	222
California	419	198	3,469	1,635	3,424	98.7	8.3	8.2	903	897	99.2	732	1,746	213
Hawaii	10	156	86	1,392	79	91.9	8.9	8.2	16	15	95.6	12	1,279	155
Oregon	53	194	393	1,442	388	98.5	7.4	7.3	75	75	98.8	63	1,192	162
Washington	78	202	539	1,407	534	99.1	7.0	6.9	101	100	99.2	85	1,098	159
Other Areas	38	86	382	850	373	97.6	10.1	9.8	39	38	94.9	23	605	62
Puerto Rico	37	157	361	1,541	354	98.0	9.8	9.6	35	34	97.1	21	574	59
Virgin Islands	*	131	9	2,336	7	83.4	17.8	14.9	1	1	85.2	**	845	56
Foreign Countries	1	4	8	39	8	99.4	9.9	9.9	2	2	98.2	1	1,531	155
All Other Areas	*	167	3	1,547	3	99.7	9.3	9.2	1	**	99.0	**	1,155	125

TABLE IV

Discharges by Type of Control and Bed Size: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Type of Control and Bed Size of Hospital	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Hospitals														
All Discharges														
Total	7,768	100.0	84,251	100.0	82,984	98.5	10.9	10.7	$16,552	$16,313	98.6	$12,045	$1,551	$145
Less than 50 Beds	559	7.2	4,696	5.6	4,616	98.3	8.4	8.3	626	617	98.6	469	839	101
50 to 99 Beds	999	12.9	9,211	10.9	9,074	98.5	9.2	9.1	1,407	1,389	98.7	1,046	1,047	115
100 to 149 Beds	838	10.8	8,420	10.0	8,308	98.7	10.0	9.9	1,500	1,482	98.8	1,085	1,295	130
150 to 199 Beds	782	10.1	8,100	9.6	8,008	98.9	10.4	10.2	1,526	1,509	98.9	1,102	1,410	137
200 to 249 Beds	697	9.0	7,711	9.2	7,589	98.4	11.1	10.9	1,549	1,530	98.8	1,101	1,578	145
250 to 299 Beds	700	9.0	7,687	9.1	7,585	98.7	11.0	10.8	1,560	1,537	98.6	1,104	1,577	145
300 to 399 Beds	1,049	13.5	12,261	14.6	12,088	98.6	11.7	11.5	2,521	2,488	98.7	1,804	1,719	149
400 to 499 Beds	788	10.2	9,383	11.1	9,258	98.7	11.9	11.7	2,002	1,977	98.8	1,472	1,868	159
500 to 749 Beds	915	11.8	11,118	13.2	10,945	98.4	12.2	12.0	2,486	2,449	98.5	1,806	1,974	165
750 Beds or More	441	5.7	5,665	6.7	5,514	97.3	12.8	12.5	1,374	1,335	97.1	1,056	2,393	191
With Surgery														
Total	2,573	100.0	32,522	100.0	32,219	99.1	12.6	12.5	7,606	7,516	98.8	5,201	2,021	161
Less than 50 Beds	78	3.0	830	2.6	816	98.4	10.7	10.5	153	151	99.0	110	1,417	134
50 to 99 Beds	210	8.2	2,379	7.3	2,357	99.0	11.3	11.2	464	460	99.1	330	1,570	140
100 to 149 Beds	245	9.5	2,880	8.9	2,846	98.8	11.8	11.6	620	614	98.9	422	1,722	148
150 to 199 Beds	266	10.4	3,111	9.6	3,090	99.3	11.7	11.6	685	678	99.1	466	1,748	150
200 to 249 Beds	254	9.9	3,134	9.6	3,106	99.1	12.4	12.2	715	708	99.0	477	1,880	153
250 to 299 Beds	262	10.2	3,182	9.8	3,160	99.3	12.2	12.1	739	730	98.9	483	1,846	152
300 to 399 Beds	397	15.4	5,234	16.1	5,190	99.2	13.2	13.1	1,229	1,216	98.9	819	2,060	157
400 to 499 Beds	308	12.0	4,106	12.6	4,073	99.2	13.4	13.2	1,002	991	98.9	697	2,265	171
500 to 749 Beds	374	14.5	5,055	15.5	5,006	99.0	13.5	13.4	1,280	1,263	98.7	870	2,330	173
750 Beds or More	179	7.0	2,611	8.0	2,577	98.7	14.6	14.4	720	703	97.7	526	2,932	204
Without Surgery														
Total	5,195	100.0	51,729	100.0	50,765	98.1	10.0	9.8	8,946	8,798	98.3	6,845	1,317	134
Less than 50 Beds	481	9.3	3,866	7.5	3,800	98.3	8.0	7.9	473	466	98.5	359	746	94
50 to 99 Beds	788	15.2	6,832	13.2	6,717	98.3	8.7	8.5	943	930	98.5	715	908	106
100 to 149 Beds	593	11.4	5,540	10.7	5,462	98.6	9.4	9.2	880	869	98.7	663	1,118	121
150 to 199 Beds	516	9.9	4,989	9.6	4,918	98.6	9.7	9.5	842	831	98.7	637	1,235	129
200 to 249 Beds	444	8.5	4,577	8.9	4,483	97.9	10.3	10.1	833	822	98.6	623	1,405	139
250 to 299 Beds	438	8.4	4,504	8.7	4,427	98.3	10.3	10.1	821	807	98.3	621	1,416	140
300 to 399 Beds	652	12.6	7,027	13.6	6,898	98.2	10.8	10.6	1,292	1,272	98.4	985	1,511	142
400 to 499 Beds	481	9.3	5,277	10.2	5,185	98.3	11.0	10.8	1,000	986	98.6	776	1,614	149
500 to 749 Beds	542	10.4	6,063	11.7	5,939	98.0	11.2	11.0	1,207	1,185	98.2	936	1,728	157
750 Beds or More	262	5.0	3,054	5.9	2,937	96.2	11.7	11.2	654	631	96.5	530	2,023	180

TABLE IV (continued)

Discharges by Type of Control and Bed Size: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Type of Control and Bed Size of Hospital	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Voluntary														
All Discharges														
Total	5,502	100.0	61,968	100.0	61,104	98.6	11.3	11.1	$12,497	$12,322	98.6	$9,116	$1,657	$149
Less than 50 Beds	224	4.1	1,931	3.1	1,897	98.2	8.6	8.5	270	267	98.7	203	908	106
50 to 99 Beds	473	8.6	4,501	7.3	4,429	98.4	9.5	9.4	703	694	98.7	529	1,118	119
100 to 149 Beds	531	9.7	5,465	8.8	5,391	98.6	10.3	10.2	972	960	98.7	714	1,344	132
150 to 199 Beds	511	9.3	5,400	8.7	5,332	98.7	10.6	10.4	1,013	1,002	98.9	742	1,453	139
200 to 249 Beds	522	9.5	5,918	9.6	5,816	98.3	11.3	11.1	1,138	1,123	98.7	819	1,567	140
250 to 299 Beds	557	10.1	6,252	10.1	6,161	98.6	11.2	11.1	1,269	1,250	98.5	905	1,627	146
300 to 399 Beds	880	16.0	10,417	16.8	10,270	98.6	11.8	11.1	2,147	2,119	98.7	1,537	1,746	149
400 to 499 Beds	673	12.2	8,132	13.1	8,028	98.7	12.1	11.9	1,726	1,704	98.8	1,261	1,873	157
500 to 749 Beds	772	14.0	9,414	15.2	9,297	98.8	12.2	12.0	2,123	2,094	98.6	1,538	1,992	165
750 Beds or More	360	6.5	4,537	7.3	4,484	98.8	12.6	12.5	1,136	1,110	97.8	869	2,415	193
With Surgery														
Total	1,971	100.0	25,351	100.0	25,132	99.1	12.9	12.8	5,970	5,898	98.8	4,089	2,075	162
Less than 50 Beds	37	1.9	404	1.6	402	99.4	10.9	10.8	77	77	99.3	56	1,504	138
50 to 99 Beds	114	5.8	1,305	5.2	1,294	99.1	11.5	11.4	253	251	99.1	182	1,602	141
100 to 149 Beds	163	8.3	1,945	7.7	1,919	98.6	12.0	11.8	415	410	98.8	288	1,773	150
150 to 199 Beds	180	9.1	2,126	8.4	2,110	99.2	11.8	11.8	462	458	99.1	319	1,779	151
200 to 249 Beds	192	9.8	2,420	9.6	2,396	99.0	12.6	12.5	530	525	98.9	360	1,873	150
250 to 299 Beds	209	10.6	2,599	10.3	2,577	99.2	12.4	12.3	601	594	98.8	397	1,897	154
300 to 399 Beds	336	17.1	4,470	17.6	4,435	99.2	13.3	13.2	1,052	1,041	98.9	701	2,086	158
400 to 499 Beds	266	13.5	3,581	14.1	3,551	99.2	13.4	13.3	868	858	98.9	599	2,248	168
500 to 749 Beds	320	16.2	4,315	17.0	4,279	99.2	13.5	13.4	1,096	1,083	98.8	741	2,319	173
750 Beds or More	154	7.8	2,186	8.6	2,170	99.3	14.2	14.1	615	602	97.8	445	2,887	204
Without Surgery														
Total	3,531	100.0	36,617	100.0	35,972	98.2	10.4	10.2	6,527	6,424	98.4	5,026	1,423	139
Less than 50 Beds	186	5.3	1,527	4.2	1,496	98.0	8.2	8.0	193	190	98.5	147	789	98
50 to 99 Beds	359	10.2	3,196	8.7	3,135	98.1	8.9	8.7	450	443	98.5	347	964	110
100 to 149 Beds	368	10.4	3,520	9.6	3,472	98.6	9.6	9.4	557	549	98.7	425	1,155	122
150 to 199 Beds	331	9.4	3,274	8.9	3,222	98.4	9.9	9.7	552	544	98.7	423	1,276	131
200 to 249 Beds	330	9.4	3,497	9.6	3,420	97.8	10.6	10.4	608	598	98.5	459	1,389	134
250 to 299 Beds	347	9.8	3,653	10.0	3,584	98.1	10.5	10.3	668	656	98.2	508	1,464	141
300 to 399 Beds	544	15.4	5,947	16.2	5,836	98.1	10.9	10.7	1,095	1,077	98.4	835	1,536	143
400 to 499 Beds	407	11.5	4,552	12.4	4,476	98.3	11.2	11.0	858	846	98.6	662	1,628	147
500 to 749 Beds	452	12.8	5,099	13.9	5,018	98.4	11.3	11.1	1,026	1,011	98.5	796	1,760	158
750 Beds or More	206	5.8	2,351	6.4	2,314	98.4	11.4	11.3	520	508	97.7	424	2,063	183

TABLE IV (continued)

Discharges by Type of Control and Bed Size: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Type of Control and Bed Size of Hospital	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Voluntary-Church														
All Discharges														
Total	1,741	100.0	19,555	100.0	19,312	98.8	11.2	11.1	$3,903	$3,853	98.7	$2,855	$1,639	$147
Less than 50 Beds	33	1.9	285	1.5	276	97.0	8.6	8.4	39	38	98.1	29	872	104
50 to 99 Beds	77	4.4	703	3.6	695	98.8	9.1	9.0	109	108	99.0	83	1,078	119
100 to 149 Beds	116	6.6	1,147	5.9	1,125	98.1	9.9	9.7	200	197	98.5	150	1,298	133
150 to 199 Beds	132	7.6	1,369	7.0	1,361	99.4	10.4	10.4	262	260	99.2	190	1,442	139
200 to 249 Beds	148	8.5	1,621	8.3	1,595	98.4	11.0	10.8	309	305	98.8	224	1,514	140
250 to 299 Beds	182	10.5	2,027	10.4	1,992	98.3	11.1	10.9	398	391	98.3	289	1,586	144
300 to 399 Beds	330	19.0	3,894	19.9	3,850	98.9	11.8	11.7	791	782	99.0	566	1,712	146
400 to 499 Beds	291	16.7	3,400	17.4	3,361	98.9	11.7	11.6	705	697	98.9	524	1,802	155
500 to 749 Beds	304	17.5	3,541	18.1	3,508	99.1	11.6	11.5	763	755	98.9	564	1,854	160
750 Beds or More	128	7.4	1,567	8.0	1,550	98.9	12.2	12.1	327	319	97.5	237	1,843	152
With Surgery														
Total	664	100.0	8,444	100.0	8,379	99.2	12.7	12.6	1,939	1,917	98.9	1,325	1,997	158
Less than 50 Beds	4	0.7	50	0.6	50	99.6	11.2	11.2	9	9	99.5	6	1,437	128
50 to 99 Beds	19	2.9	206	2.4	205	99.4	10.8	10.7	41	40	99.4	30	1,590	148
100 to 149 Beds	37	5.5	420	5.0	408	97.0	11.5	11.1	87	85	98.2	60	1,650	148
150 to 199 Beds	49	7.3	575	6.8	574	99.7	11.8	11.8	126	126	99.4	85	1,755	148
200 to 249 Beds	55	8.2	673	8.0	667	99.1	12.3	12.2	146	145	99.1	100	1,828	149
250 to 299 Beds	71	10.7	870	10.3	863	99.2	12.2	12.1	195	192	98.8	130	1,829	150
300 to 399 Beds	128	19.3	1,701	20.1	1,689	99.3	13.3	13.2	396	392	99.1	259	2,019	153
400 to 499 Beds	117	17.6	1,531	18.1	1,521	99.3	13.1	13.0	360	357	99.1	255	2,183	167
500 to 749 Beds	131	19.7	1,661	19.7	1,656	99.4	12.7	12.7	402	398	99.0	277	2,118	167
750 Beds or More	53	8.0	752	8.9	746	99.3	14.2	14.1	178	173	97.7	122	2,297	163
Without Surgery														
Total	1,078	100.0	11,111	100.0	10,933	98.4	10.3	10.1	1,964	1,935	98.5	1,530	1,419	139
Less than 50 Beds	29	2.7	234	2.1	226	96.4	8.2	7.9	30	29	97.6	22	783	98
50 to 99 Beds	58	5.4	498	4.9	490	98.5	8.6	8.4	68	67	98.7	53	910	108
100 to 149 Beds	79	7.3	727	6.5	717	98.7	9.2	9.1	113	111	98.7	90	1,134	125
150 to 199 Beds	83	7.7	794	7.2	788	99.2	9.6	9.5	136	134	99.0	104	1,258	132
200 to 249 Beds	93	8.7	948	8.5	928	97.9	10.2	10.0	163	160	98.5	124	1,331	133
250 to 299 Beds	111	10.3	1,157	10.4	1,128	97.6	10.4	10.2	203	199	97.8	158	1,429	140
300 to 399 Beds	202	18.8	2,194	19.7	2,161	98.5	10.9	10.7	395	390	98.8	307	1,517	141
400 to 499 Beds	174	16.2	1,869	16.8	1,840	98.5	10.7	10.6	345	340	98.7	269	1,546	146
500 to 749 Beds	174	16.1	1,875	16.9	1,852	98.8	10.8	10.7	361	357	98.8	287	1,655	155
750 Beds or More	75	7.0	815	7.3	803	98.5	10.8	10.7	150	146	97.4	115	1,523	142

TABLE IV (continued)

Discharges by Type of Control and Bed Size: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Type of Control and Bed Size of Hospital	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Voluntary- Other														
All Discharges														
Total	3,761	100.0	42,413	100.0	41,792	98.5	11.3	11.1	$8,594	$8,470	98.6	$6,261	$1,665	$149
Less than 50 Beds	191	5.1	1,647	3.9	1,621	98.5	8.6	8.5	231	229	98.9	174	914	107
50 to 99 Beds	396	10.5	3,797	9.0	3,734	98.3	9.6	9.4	594	586	98.7	446	1,126	119
100 to 149 Beds	415	11.0	4,318	10.2	4,265	98.8	10.4	10.3	773	763	98.8	564	1,358	132
150 to 199 Beds	379	10.1	4,031	9.5	3,971	98.5	10.6	10.5	751	742	98.8	552	1,457	139
200 to 249 Beds	375	10.0	4,297	10.1	4,221	98.2	11.5	11.3	829	818	98.6	595	1,588	140
250 to 299 Beds	375	10.0	4,225	10.1	4,170	98.7	11.3	11.1	871	858	98.5	617	1,647	147
300 to 399 Beds	550	14.6	6,523	15.4	6,420	98.4	11.9	11.7	1,356	1,336	98.5	971	1,766	151
400 to 499 Beds	382	10.2	4,733	11.2	4,666	98.6	12.4	12.2	1,021	1,007	98.7	737	1,927	157
500 to 749 Beds	468	12.4	5,874	13.9	5,789	98.6	12.6	12.4	1,360	1,339	98.5	974	2,081	168
750 Beds or More	231	6.2	2,970	7.0	2,934	98.8	12.8	12.7	808	791	97.9	632	2,733	215
With Surgery														
Total	1,308	100.0	16,907	100.0	16,753	99.1	12.9	12.8	4,032	3,981	98.7	2,764	2,114	164
Less than 50 Beds	33	2.5	354	2.1	352	99.3	10.9	10.8	68	68	99.3	49	1,513	140
50 to 99 Beds	95	7.3	1,099	6.5	1,089	99.1	11.6	11.5	212	210	99.1	152	1,605	139
100 to 149 Beds	126	9.6	1,525	9.0	1,511	99.1	12.1	12.0	328	325	99.1	228	1,809	150
150 to 199 Beds	131	10.0	1,551	9.2	1,536	99.1	11.9	11.7	335	332	99.0	234	1,787	152
200 to 249 beds	138	10.5	1,747	10.3	1,729	99.0	12.7	12.6	384	380	98.9	260	1,890	150
250 to 299 Beds	138	10.6	1,728	10.2	1,714	99.2	12.5	12.4	406	401	98.8	267	1,933	155
300 to 399 Beds	208	15.9	2,769	16.4	2,745	99.1	13.3	13.2	657	649	98.8	442	2,127	161
400 to 499 Beds	150	11.5	2,050	12.1	2,031	99.1	13.7	13.6	508	502	98.8	344	2,298	169
500 to 749 Beds	189	14.5	2,649	15.7	2,623	99.0	14.0	13.9	695	685	98.6	465	2,457	177
750 Beds or More	101	7.7	1,434	8.5	1,423	99.3	14.2	14.1	438	429	97.9	323	3,196	226
Without Surgery														
Total	2,453	100.0	25,506	100.0	25,039	98.2	10.4	10.2	4,563	4,489	98.4	3,497	1,425	139
Less than 50 Beds	158	6.4	1,293	5.1	1,270	98.2	8.2	8.1	163	161	98.7	125	790	98
50 to 99 Beds	301	12.3	2,698	10.6	2,645	98.0	9.0	8.8	382	376	98.4	294	975	110
100 to 149 Beds	289	11.8	2,793	11.0	2,755	98.6	9.7	9.5	444	438	98.7	336	1,161	121
150 to 199 Beds	248	10.1	2,480	9.7	2,435	98.2	10.0	9.8	416	410	98.6	318	1,282	130
200 to 249 Beds	237	9.7	2,549	10.0	2,492	97.7	10.8	10.5	445	438	98.5	335	1,412	134
250 to 299 Beds	236	9.6	2,496	9.8	2,455	98.4	10.6	10.4	465	457	98.3	350	1,480	142
300 to 399 Beds	342	13.9	3,754	14.7	3,675	97.9	11.0	10.8	699	687	98.3	529	1,547	143
400 to 499 Beds	233	9.5	2,683	10.5	2,636	98.3	11.5	11.3	513	506	98.6	393	1,689	149
500 to 749 Beds	279	11.4	3,224	12.6	3,166	98.2	11.6	11.4	665	654	98.3	509	1,826	160
750 Beds or More	130	5.3	1,535	6.0	1,511	98.4	11.8	11.6	370	362	97.8	309	2,374	204

TABLE IV (continued)

Discharges by Type of Control and Bed Size: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Type of Control and Bed Size of Hospital	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Proprietary														
All Discharges														
Total	700	100.0	6,827	100.0	6,767	99.1	9.8	9.7	$1,531	$1,518	99.1	$1,020	$1,456	$150
Less than 50 Beds	77	11.0	645	9.5	640	99.2	8.4	8.3	101	100	99.0	71	928	111
50 to 99 Beds	129	18.5	1,167	17.1	1,158	99.2	9.0	9.0	228	226	99.2	160	1,236	137
100 to 149 Beds	135	19.2	1,283	18.8	1,271	99.0	9.5	9.5	284	281	99.1	190	1,415	149
150 to 199 Beds	117	16.7	1,192	17.5	1,180	99.0	10.2	10.1	279	277	99.0	190	1,624	160
200 to 249 Beds	102	14.6	1,087	15.9	1,075	98.8	10.6	10.5	281	279	99.2	181	1,767	168
250 to 299 Beds	62	8.9	618	9.1	613	99.3	9.9	9.8	151	150	99.2	94	1,512	153
300 to 399 Beds	40	5.7	432	6.3	430	99.7	10.9	10.9	102	102	99.3	64	1,624	149
400 to 499 Beds	21	3.0	219	3.2	217	99.4	10.4	10.3	56	56	99.3	36	1,679	163
500 to 749 Beds	7	1.0	86	1.3	85	98.7	12.1	12.0	27	27	99.3	18	2,460	205
750 Beds or More	10	1.4	98	1.4	97	99.8	9.7	9.7	21	21	99.4	16	1,572	162
With Surgery														
Total	216	100.0	2,395	100.0	2,382	99.5	11.0	11.0	644	639	99.2	387	1,788	162
Less than 50 Beds	16	7.4	146	6.1	145	99.4	9.1	9.0	31	31	99.3	20	1,272	140
50 to 99 Beds	31	14.5	336	14.0	334	99.3	10.7	10.7	81	80	99.2	52	1,664	156
100 to 149 Beds	40	18.4	438	18.3	435	99.3	11.0	10.9	116	115	99.2	70	1,751	160
150 to 199 Beds	41	19.1	462	19.3	460	99.5	11.2	11.1	125	124	99.2	79	1,920	172
200 to 249 Beds	37	17.0	429	17.9	427	99.5	11.7	11.6	124	123	99.3	72	1,950	167
250 to 299 Beds	24	11.0	254	10.6	253	99.6	10.7	10.6	72	71	99.3	40	1,661	156
300 to 399 Beds	14	6.5	170	7.1	170	99.9	12.2	12.1	47	47	99.4	26	1,868	153
400 to 499 Beds	7	3.4	84	3.5	84	99.9	11.5	11.5	26	25	99.3	14	1,874	163
500 to 749 Beds	2	1.1	37	1.5	36	98.7	15.9	15.7	14	14	99.0	8	3,237	206
750 Beds or More	3	1.6	38	1.6	38	100.0	11.1	11.1	9	9	99.3	6	1,838	165
Without Surgery														
Total	484	100.0	4,432	100.0	4,386	99.0	9.2	9.1	888	879	99.1	633	1,308	144
Less than 50 Beds	61	12.5	499	11.3	494	99.1	8.2	8.1	70	70	98.8	51	837	102
50 to 99 Beds	98	20.2	831	18.7	824	99.2	8.5	8.4	148	146	99.2	108	1,099	130
100 to 149 Beds	95	19.6	845	19.1	836	98.9	8.9	8.8	168	166	99.0	120	1,273	144
150 to 199 Beds	76	15.6	730	16.5	721	98.7	9.6	9.5	154	153	98.8	111	1,462	153
200 to 249 Beds	66	13.6	658	14.8	648	98.4	10.0	9.9	157	156	99.2	109	1,664	168
250 to 299 Beds	39	8.0	364	8.2	360	99.0	9.4	9.3	79	78	99.1	55	1,420	151
300 to 399 Beds	26	5.3	262	5.9	261	99.6	10.2	10.2	56	55	99.2	38	1,491	146
400 to 499 Beds	14	2.9	135	3.1	133	99.0	9.7	9.6	31	30	99.4	22	1,576	163
500 to 749 Beds	5	1.0	49	1.1	49	98.7	10.2	10.2	13	13	99.6	10	2,083	205
750 Beds or More	7	1.4	60	1.4	60	99.7	9.0	8.9	12	12	99.4	10	1,438	160

TABLE IV (continued)

Discharges by Type of Control and Bed Size: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Type of Control and Bed Size of Hospital	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
			Total Days		Covered Days		Total	Covered	Total	Covered				
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Government														
All Discharges														
Total	1,566	100.0	15,457	100.0	15,112	97.8	9.9	9.7	$2,524	$2,473	98.0	$1,909	$1,219	$126
Less than 50 Beds	258	16.5	2,120	13.7	2,080	98.1	8.2	8.0	254	250	98.3	195	754	93
50 to 99 Beds	396	25.3	3,543	22.9	3,487	98.4	8.9	8.8	476	469	98.5	357	901	102
100 to 149 Beds	172	11.0	1,671	10.8	1,646	98.5	9.7	9.6	245	241	98.6	181	1,049	109
150 to 199 Beds	154	9.9	1,508	9.8	1,495	99.2	9.8	9.7	233	231	98.8	171	1,104	114
200 to 249 Beds	73	4.6	706	4.6	698	98.9	9.7	9.6	130	128	98.8	101	1,392	144
250 to 299 Beds	81	5.2	817	5.3	811	99.2	10.1	10.0	140	138	98.7	104	1,284	127
300 to 399 Beds	130	8.3	1,411	9.1	1,387	98.3	10.9	10.7	272	267	98.3	203	1,567	146
400 to 499 Beds	94	6.0	1,032	6.7	1,013	98.2	11.0	10.8	220	217	98.6	176	1,872	173
500 to 749 Beds	136	8.7	1,617	10.5	1,563	96.7	11.9	11.5	336	328	97.5	251	1,847	160
750 Beds or More	72	4.6	1,031	6.7	933	90.5	14.4	13.1	218	204	93.6	171	2,397	183
With Surgery														
Total	385	100.0	4,776	100.0	4,705	98.5	12.4	12.2	992	979	98.7	724	1,879	153
Less than 50 Beds	24	6.4	279	5.8	269	96.6	11.4	11.0	45	44	98.1	34	1,381	125
50 to 149 Beds	65	16.9	738	15.5	729	98.8	11.3	11.2	131	129	98.9	96	1,469	131
100 to 149	43	11.0	497	10.4	493	99.2	11.7	11.6	89	88	99.1	64	1,501	129
150 to 199	46	11.8	524	11.0	521	99.4	11.5	11.4	98	97	99.1	67	1,472	128
200 to 249 Beds	25	6.4	284	6.0	283	99.4	11.5	11.4	61	60	99.3	45	1,837	160
250 to 299 Beds	28	7.4	329	6.9	328	99.6	11.6	11.5	66	65	99.0	46	1,625	140
300 to 399 Beds	47	12.3	594	12.4	586	98.6	12.6	12.4	130	128	98.6	91	1,938	156
400 to 499 Beds	34	8.8	441	9.2	437	99.0	13.1	12.9	108	108	99.2	84	2,488	192
500 to 749 Beds	52	13.4	703	14.7	691	98.3	13.6	13.4	170	167	98.5	121	2,356	175
750 Beds or More	22	5.7	388	8.1	369	95.3	17.6	16.7	95	92	96.9	75	3,419	204
Without Surgery														
Total	1,180	100.0	10,680	100.0	10,407	97.4	9.1	8.8	1,532	1,494	97.5	1,185	1,004	113
Less than 50 Beds	234	19.8	1,841	17.2	1,810	98.3	7.9	7.7	209	206	98.4	161	688	89
50 to 99 Beds	331	28.0	2,805	26.3	2,758	98.3	8.5	8.3	346	340	98.3	261	790	94
100 to 149 Beds	130	11.0	1,175	11.0	1,153	98.2	9.1	8.9	156	153	98.3	117	901	101
150 to 199 Beds	109	9.2	984	9.2	975	99.0	9.0	9.0	136	134	98.6	104	950	106
200 to 249 Beds	48	4.1	422	4.0	415	98.5	8.8	8.7	69	68	98.4	56	1,163	134
250 to 299 Beds	52	4.4	488	4.6	483	99.0	9.3	9.2	74	72	98.5	58	1,099	119
300 to 399 Beds	82	7.0	818	7.7	802	98.1	9.9	9.7	142	140	98.1	111	1,354	139
400 to 499 Beds	60	5.1	590	5.5	576	97.5	9.8	9.6	112	110	98.1	92	1,526	159
500 to 749 Beds	84	7.2	914	8.6	872	95.4	10.8	10.3	167	161	96.5	130	1,536	148
750 Beds or More	49	4.2	643	6.0	564	87.6	13.0	11.4	122	112	91.0	96	1,940	170

TABLE V
Discharges by Detailed Length of Stay: Use, Charges, and Reimbursements for Patients Discharged Alive and Discharged Dead, 1977

Total Length of Stay	Discharges		Days of Care				Charges			Reimbursements			
			Total Days		Covered Days		Total	Covered					
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Percent Distribution	Per Discharge	Per Covered Day
All Discharges													
Total	7,768	100.0	84,251	100.0	82,984	98.5	$16,552	$16,313	98.6	$12,045	100.0	$1,551	$145
1 Day	324	4.2	324	0.4	318	98.0	131	130	99.2	44	0.4	135	137
2 Days	539	6.9	1,079	1.3	1,073	99.5	310	306	98.9	145	1.2	270	135
3 Days	616	7.9	1,847	2.2	1,842	99.7	431	426	99.0	244	2.1	397	132
4 Days	633	8.2	2,532	3.0	2,526	99.8	523	517	99.0	333	2.8	527	131
5 Days	588	7.6	2,941	3.5	2,936	99.8	571	565	99.0	389	3.2	661	132
6 Days	528	6.8	3,168	3.8	3,162	99.8	595	589	99.1	423	3.5	801	133
7 Days	513	6.6	3,593	4.3	3,587	99.8	656	650	99.1	482	4.0	938	134
8 Days	463	6.0	3,705	4.4	3,698	99.8	677	671	99.1	505	4.2	1,089	136
9 Days	404	5.2	3,636	4.3	3,629	99.8	671	665	99.1	502	4.2	1,242	138
10 Days	354	4.6	3,544	4.2	3,537	99.8	660	654	99.1	497	4.1	1,402	140
11 Days	311	4.0	3,425	4.1	3,418	99.8	641	636	99.1	485	4.1	1,557	141
12 Days	268	3.5	3,214	3.8	3,206	99.8	609	604	99.1	461	3.8	1,722	143
13 Days	234	3.0	3,037	3.6	3,030	99.8	580	575	99.1	439	3.6	1,879	144
14 Days	225	2.9	3,145	3.7	3,136	99.7	601	596	99.1	458	3.8	2,041	146
15 Days	192	2.5	2,887	3.4	2,879	99.7	556	551	99.1	422	3.5	2,193	146
16 Days	167	2.2	2,676	3.2	2,668	99.7	519	514	99.1	394	3.3	2,353	147
17 Days	147	1.9	2,501	3.0	2,492	99.6	492	487	99.1	372	3.1	2,528	149
18 Days	128	1.6	2,295	2.7	2,286	99.6	446	442	99.1	341	2.8	2,671	148
19 Days	111	1.4	2,111	2.5	2,102	99.6	414	411	99.1	313	2.6	2,820	149
20 Days	99	1.3	1,970	2.3	1,961	99.5	388	385	99.1	296	2.5	3,004	150
21 Days	95	1.2	1,989	2.4	1,978	99.5	389	385	99.1	296	2.5	3,126	149
22 Days	80	1.0	1,755	2.1	1,745	99.4	346	343	99.0	263	2.2	3,300	150
23 Days	70	0.9	1,606	1.9	1,598	99.5	319	316	99.0	243	2.0	3,481	152
24 Days	61	0.8	1,469	1.7	1,459	99.4	294	291	99.0	222	1.8	3,627	152
25 Days	56	0.7	1,396	1.7	1,386	99.3	279	277	99.1	212	1.8	3,797	152
26 Days	48	0.6	1,249	1.5	1,239	99.3	248	245	98.9	188	1.6	3,908	151
27 Days	42	0.5	1,135	1.4	1,126	99.1	226	224	98.9	171	1.4	4,078	152
28 Days	40	0.5	1,118	1.3	1,108	99.0	222	219	98.9	168	1.4	4,213	151
29 Days	36	0.5	1,048	1.2	1,040	99.2	208	206	98.9	158	1.3	4,380	152
30 Days	31	0.4	929	1.1	917	98.8	186	183	98.8	141	1.2	4,567	154
31 Days	27	0.4	852	1.0	839	98.4	171	168	98.7	128	1.1	4,662	152
32 Days	25	0.3	800	1.0	786	98.3	160	158	98.8	121	1.0	4,825	153
33 Days	23	0.3	775	0.9	759	98.0	153	151	98.8	116	1.0	4,925	152
34 Days	21	0.3	703	0.8	687	97.6	143	141	98.8	106	0.9	5,124	154
35 Days	20	0.3	693	0.8	677	97.6	137	135	98.7	104	0.9	5,237	153

TABLE V (continued)
Discharges by Detailed Length of Stay:
Use, Charges, and Reimbursements for Patients Discharged Alive and Discharged Dead, 1977

Total Length of Stay	Discharges		Days of Care				Charges			Reimbursements			
			Total Days		Covered Days		Total	Covered					
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Percent Distribution	Per Discharge	Per Covered Day
All Discharges (cont'd)													
36 Days	18	0.2	633	0.8	616	97.4	$127	$125	98.5	$95	0.8	$5,415	$154
37 Days	17	0.2	614	0.7	599	97.6	123	122	98.7	91	0.8	5,511	152
38 Days	15	0.2	556	0.7	541	97.3	112	110	98.5	83	0.7	5,677	153
39 Days	14	0.2	539	0.6	523	97.0	107	106	98.6	80	0.7	5,778	152
40 Days	12	0.2	494	0.6	480	97.3	99	98	98.6	75	0.6	6,055	155
41 Days	11	0.1	460	0.6	447	97.1	93	91	98.3	69	0.6	6,144	154
42 Days	11	0.2	474	0.6	459	96.8	96	95	98.1	72	0.6	6,418	157
43 Days	10	0.1	418	0.5	404	96.5	85	83	98.5	64	0.5	6,546	157
44 Days	9	0.1	399	0.5	385	96.5	79	78	98.3	60	0.5	6,618	155
45 Days	9	0.1	385	0.5	374	97.0	78	76	98.1	58	0.5	6,730	154
46 Days	8	0.1	375	0.4	362	96.7	74	72	98.0	56	0.5	6,842	153
47 Days	7	0.1	320	0.4	310	96.8	66	65	98.5	49	0.4	7,202	158
48 Days	6	0.1	309	0.4	298	96.7	63	62	98.3	47	0.4	7,309	157
49 Days	7	0.1	319	0.4	307	96.2	62	60	98.0	46	0.4	7,085	150
50 Days	6	0.1	301	0.4	290	96.4	62	60	97.9	45	0.4	7,482	155
51 Days	5	0.1	276	0.3	266	96.2	55	54	98.0	41	0.3	7,619	155
52 Days	5	0.1	244	0.3	234	96.0	49	48	97.9	36	0.3	7,638	152
53 Days	4	0.1	237	0.3	226	95.4	47	46	97.3	35	0.3	7,801	154
54 Days	4	0.1	241	0.3	231	95.7	48	46	97.1	35	0.3	7,947	153
55 Days	4	0.1	213	0.3	205	96.5	45	44	97.9	33	0.3	8,639	162
56 Days	4	0.1	224	0.3	215	95.7	45	44	97.4	33	0.3	8,204	153
57 Days	4	0.1	212	0.3	204	96.1	44	43	98.0	32	0.3	8,555	156
58 Days	3	0.0	180	0.2	173	96.3	36	35	97.5	27	0.2	8,652	154
59 Days	3	0.0	187	0.2	178	95.2	37	36	97.5	27	0.2	8,545	152
60 Days	3	0.0	159	0.2	150	94.7	33	32	97.2	24	0.2	8,976	157
61 to 65 Days	12	0.2	727	0.9	687	94.5	146	142	97.2	106	0.9	9,171	154
66 to 70 Days	8	0.1	572	0.7	539	94.4	115	112	97.4	85	0.7	10,046	156
71 to 75 Days	6	0.1	468	0.6	434	92.8	96	92	95.8	66	0.5	10,311	152
76 to 80 Days	5	0.1	386	0.5	356	92.3	81	77	95.7	55	0.5	11,071	153
81 to 85 Days	4	0.1	304	0.4	277	91.1	63	60	95.4	43	0.4	11,816	156
86 to 90 Days	3	0.0	272	0.3	245	89.9	52	49	93.9	35	0.3	11,276	142
91 to 100 Days	4	0.1	356	0.4	308	86.7	70	65	92.5	46	0.4	12,227	148
101 to 125 Days	5	0.1	536	0.6	453	84.5	104	95	90.8	65	0.5	13,491	144
126 to 150 Days	2	0.0	233	0.3	174	74.8	42	36	84.8	24	0.2	13,830	135
151 to 175 Days	1	0.0	135	0.2	90	66.7	23	18	77.3	12	0.2	14,317	134
176 Days and Over	1	0.0	350	0.4	116	33.1	44	19	43.9	14	0.1	10,888	118

TABLE V (continued)
Discharges by Detailed Length of Stay:
Use, Charges, and Reimbursements for Patients Discharged Alive and Discharged Dead, 1977

Total Length of Stay	Discharges		Days of Care				Charges			Reimbursements			
			Total Days		Covered Days		Total	Covered					
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Percent Distribution	Per Discharge	Per Covered Day
Discharged Alive													
Total	7,257	100.0	77,840	100.0	76,744	98.6	$14,809	$14,596	98.6	$11,004	100.0	$1,516	$143
1 Day	219	3.0	219	0.3	213	97.1	74	73	98.8	25	0.2	116	119
2 Days	500	6.9	1,001	1.3	995	99.4	273	269	98.8	130	1.2	260	130
3 Days	584	8.1	1,753	2.3	1,748	99.7	392	388	98.9	227	2.1	388	129
4 Days	606	8.4	2,424	3.1	2,419	99.8	484	479	99.0	314	2.9	518	129
5 Days	564	7.8	2,822	3.6	2,817	99.8	530	525	99.0	368	3.3	652	130
6 Days	507	7.0	3,041	3.9	3,035	99.8	554	548	99.0	401	3.6	790	131
7 Days	494	6.8	3,461	4.6	3,455	99.8	616	610	99.1	459	4.2	928	132
8 Days	446	6.1	3,561	4.6	3,560	99.8	637	631	99.1	481	4.4	1,079	135
9 Days	388	5.3	3,490	4.5	3,483	99.8	628	622	99.1	477	4.3	1,231	137
10 Days	340	4.7	3,398	4.4	3,392	99.8	618	612	99.1	472	4.3	1,390	139
11 Days	298	4.1	3,277	4.2	3,270	99.8	598	593	99.1	459	4.2	1,542	140
12 Days	255	3.5	3,064	3.9	3,056	99.8	567	562	99.1	436	4.0	1,707	142
13 Days	222	3.1	2,886	3.7	2,880	99.8	539	534	99.1	414	3.8	1,865	143
14 Days	214	3.0	2,992	3.8	2,983	99.7	559	553	99.1	432	3.9	2,021	144
15 Days	183	2.5	2,738	3.5	2,731	99.7	515	510	99.1	397	3.6	2,175	145
16 Days	158	2.2	2,527	3.3	2,519	99.7	479	474	99.1	369	3.4	2,334	146
17 Days	139	1.9	2,356	3.0	2,348	99.6	453	448	99.0	347	3.2	2,507	148
18 Days	120	1.7	2,156	2.8	2,148	99.6	409	405	99.1	317	2.9	2,643	147
19 Days	104	1.4	1,981	2.5	1,972	99.6	379	375	99.0	292	2.7	2,797	147
20 Days	92	1.3	1,832	2.4	1,823	99.5	352	348	99.0	272	2.5	2,967	149
21 Days	88	1.2	1,850	2.4	1,840	99.5	351	348	99.0	273	2.5	3,102	148
22 Days	74	1.0	1,624	2.1	1,616	99.5	312	309	99.0	241	2.2	3,266	149
23 Days	64	0.9	1,474	1.9	1,467	99.5	285	282	99.0	221	2.0	3,453	150
24 Days	56	0.8	1,342	1.7	1,333	99.3	261	258	99.0	201	1.8	3,596	150
25 Days	51	0.7	1,282	1.7	1,274	99.4	249	247	99.0	193	1.8	3,763	151
26 Days	44	0.6	1,131	1.5	1,123	99.3	219	217	98.9	169	1.5	3,889	150
27 Days	38	0.5	1,021	1.3	1,012	99.2	196	194	98.8	152	1.4	4,029	150
28 Days	36	0.5	1,010	1.3	1,000	99.1	194	192	98.8	150	1.4	4,166	150
29 Days	33	0.5	946	1.2	938	99.1	181	179	98.9	141	1.3	4,313	150
30 Days	28	0.4	831	1.1	820	98.7	161	159	98.8	125	1.1	4,503	152
31 Days	24	0.3	757	1.0	745	98.4	146	144	98.7	112	1.0	4,590	150
32 Days	22	0.3	705	0.9	692	98.2	136	134	98.7	105	1.0	4,770	151
33 Days	21	0.3	683	0.9	669	98.0	131	130	98.7	101	0.9	4,898	151
34 Days	18	0.3	618	0.8	604	97.7	120	119	98.7	92	0.8	5,076	152
35 Days	17	0.3	611	0.8	596	97.6	117	115	98.7	91	0.8	5,193	151

TABLE V (continued)
Discharges by Detailed Length of Stay:
Use, Charges, and Reimbursements for Patients Discharged Alive and Discharged Dead, 1977

Total Length of Stay	Discharges		Days of Care				Charges			Reimbursements			
			Total Days		Covered Days		Total	Covered					
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Percent Distribution	Per Discharge	Per Covered Day
Discharged Alive (cont'd)													
36 Days	15	0.2	550	0.7	537	97.6	$106	$104	98.5	$82	0.7	$5,339	$151
37 Days	14	0.2	535	0.7	522	97.5	102	101	98.7	79	0.7	5,442	150
38 Days	13	0.2	477	0.6	464	97.3	92	90	98.4	71	0.6	5,630	152
39 Days	12	0.2	470	0.6	455	96.9	90	89	98.5	69	0.6	5,762	152
40 Days	10	0.4	419	0.5	407	97.1	81	80	98.6	63	0.6	6,032	155
41 Days	10	0.3	400	0.5	388	96.9	78	76	98.0	59	0.5	6,056	152
42 Days	10	0.3	406	0.5	392	96.7	78	77	98.2	61	0.6	6,300	155
43 Days	8	0.2	361	0.5	348	96.3	70	69	98.4	54	0.5	6,472	156
44 Days	8	0.1	342	0.4	330	96.4	66	65	98.1	51	0.5	6,549	154
45 Days	7	0.1	327	0.4	317	96.9	64	63	98.0	49	0.4	6,722	154
46 Days	7	0.1	320	0.4	310	96.7	61	60	98.1	47	0.4	6,822	153
47 Days	6	0.1	266	0.3	258	96.9	53	52	98.4	40	0.4	7,110	156
48 Days	5	0.1	258	0.3	249	96.5	51	50	98.0	39	0.4	7,283	157
49 Days	6	0.1	270	0.4	259	96.0	51	50	98.0	39	0.4	7,096	150
50 Days	5	0.1	258	0.3	248	96.3	50	49	97.8	38	0.3	7,364	153
51 Days	5	0.1	236	0.3	226	96.0	45	44	97.8	34	0.3	7,432	151
52 Days	4	0.1	204	0.3	196	96.1	40	39	97.7	30	0.3	7,537	150
53 Days	4	0.1	204	0.3	194	95.1	38	37	97.2	29	0.3	7,638	151
54 Days	4	0.1	196	0.3	187	95.3	37	36	97.2	29	0.3	7,937	154
55 Days	3	0.0	169	0.2	163	96.5	34	33	97.6	26	0.2	8,355	157
56 Days	3	0.1	190	0.2	181	95.6	37	36	97.4	28	0.3	8,155	152
57 Days	3	0.0	177	0.2	169	95.5	35	34	97.6	26	0.2	8,492	155
58 Days	3	0.0	147	0.2	141	96.0	28	27	97.4	21	0.2	8,399	150
59 Days	3	0.0	159	0.2	151	95.0	30	29	97.4	23	0.2	8,461	150
60 Days	2	0.0	129	0.2	122	94.7	26	25	96.8	19	0.2	8,816	155
61 to 65 Days	9	0.1	597	0.8	562	94.2	116	112	96.9	86	0.8	9,097	153
66 to 70 Days	7	0.1	476	0.6	448	94.0	93	90	97.2	69	0.6	9,888	154
71 to 75 Days	5	0.1	380	0.5	351	92.5	75	72	95.5	53	0.5	10,198	151
76 to 80 Days	4	0.1	304	0.4	279	91.7	59	57	95.2	43	0.4	10,887	152
81 to 85 Days	3	0.0	248	0.3	225	90.9	49	46	95.0	34	0.3	11,514	152
86 to 90 Days	3	0.0	221	0.3	197	89.5	40	38	93.3	28	0.3	11,081	140
91 to 100 Days	3	0.0	290	0.4	248	85.7	56	51	91.5	37	0.3	12,226	149
101 to 125 Days	4	0.1	412	0.5	343	83.2	78	70	89.4	50	0.5	13,387	145
126 to 150 Days	1	0.0	189	0.2	140	74.1	33	28	84.0	19	0.2	13,428	133
151 to 175 Days	1	0.0	112	0.1	74	66.4	18	14	77.9	10	0.1	14,554	135
176 Days and Over	1	0.0	270	0.4	86	31.9	34	15	42.8	10	0.1	10,766	120

TABLE V (continued)
Discharges by Detailed Length of Stay:
Use, Charges, and Reimbursements for Patients Discharged Alive and Discharged Dead, 1977

Total Length of Stay	Discharges		Days of Care				Charges			Reimbursements			
			Total Days		Covered Days		Total	Covered					
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Percent Distribution	Per Discharge	Per Covered Day
Discharged Dead													
Total	512	100.0	6,411	100.0	6,240	97.3	$1,743	$1,718	98.6	$1,041	100.0	$2,035	$166
1 Day	105	20.6	105	1.6	105	99.7	57	57	99.7	18	1.7	175	175
2 Days	39	7.6	78	1.2	78	99.8	37	37	99.7	15	1.4	389	194
3 Days	31	6.1	94	1.5	93	99.9	38	38	99.7	17	1.6	559	186
4 Days	27	5.3	108	1.7	108	99.9	38	38	99.6	19	1.8	708	177
5 Days	24	4.7	119	1.9	119	99.9	41	40	99.6	21	2.0	889	178
6 Days	21	4.1	127	2.0	126	99.9	41	41	99.6	22	2.1	1,045	174
7 Days	19	3.7	132	2.1	131	99.8	40	40	99.5	23	2.2	1,208	172
8 Days	17	3.4	138	2.2	138	99.8	40	40	99.5	24	2.3	1,361	170
9 Days	16	3.2	146	2.3	146	99.8	43	43	99.5	25	2.4	1,512	168
10 Days	15	2.9	146	2.3	146	99.9	42	42	99.5	25	2.4	1,693	169
11 Days	13	2.6	148	2.3	148	99.8	43	43	99.5	25	2.4	1,884	172
12 Days	13	2.4	150	2.3	150	99.8	42	42	99.3	25	2.4	2,014	168
13 Days	12	2.3	151	2.4	150	99.7	41	41	99.4	25	2.4	2,155	166
14 Days	11	2.1	153	2.4	153	99.9	43	43	99.5	27	2.6	2,432	173
15 Days	10	1.9	148	2.3	148	99.7	41	41	99.4	25	2.4	2,538	169
16 Days	9	1.8	149	2.3	148	99.6	40	40	99.3	25	2.4	2,676	167
17 Days	9	1.7	145	2.3	144	99.6	39	39	99.4	24	2.3	2,866	169
18 Days	8	1.5	139	2.2	139	99.5	37	37	98.9	24	2.3	3,091	172
19 Days	7	1.3	131	2.0	130	99.7	36	35	99.4	22	2.1	3,164	167
20 Days	7	1.4	138	2.2	137	99.8	37	37	99.4	24	2.3	3,498	175
21 Days	7	1.3	139	2.2	139	99.6	38	37	99.5	23	2.2	3,453	165
22 Days	6	1.2	130	2.0	129	99.1	34	34	98.7	22	2.1	3,732	171
23 Days	6	1.1	132	2.1	131	99.3	34	33	99.3	22	2.1	3,796	166
24 Days	5	1.0	127	2.0	126	99.7	33	33	99.3	21	2.0	3,949	165
25 Days	5	0.9	114	1.8	112	99.1	30	30	99.2	19	1.8	4,177	168
26 Days	5	0.9	117	1.8	116	99.0	29	28	98.4	18	1.7	4,087	158
27 Days	4	0.8	115	1.8	114	99.0	30	29	99.1	19	1.8	4,513	168
28 Days	4	0.8	109	1.7	108	99.0	28	28	99.3	18	1.7	4,649	167
29 Days	4	0.7	102	1.6	101	99.5	27	27	99.4	18	1.7	4,997	173
30 Days	3	0.6	98	1.5	97	99.0	25	24	99.4	17	1.6	5,106	171
31 Days	3	0.6	95	1.5	94	98.6	25	24	98.7	16	1.5	5,233	171
32 Days	3	0.6	95	1.5	94	99.2	24	24	99.0	16	1.5	5,231	164
33 Days	3	0.5	92	1.4	90	98.2	22	22	99.2	14	1.3	5,131	158
34 Days	3	0.5	85	1.3	83	97.4	22	22	99.1	14	1.3	5,477	165
35 Days	2	0.5	82	1.3	80	97.7	20	20	99.2	13	1.2	5,572	162

TABLE V (continued)
Discharges by Detailed Length of Stay:
Use, Charges, and Reimburements for Patients Discharged Alive and Discharged Dead, 1977

Total Length of Stay	Discharges		Days of Care				Charges			Reimbursements			
			Total Days		Covered Days		Total	Covered					
	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Percent Distribution	Per Discharge	Per Covered Day
Discharged Dead (cont'd)													
36 Days	2	0.5	83	1.3	79	96.2	$ 21	$ 21	98.6	$14	1.3	$5,921	$171
37 Days	2	0.4	79	1.2	77	97.8	21	21	98.9	13	1.2	5,981	165
38 Days	2	0.4	78	1.2	77	97.8	20	19	99.0	12	1.2	5,967	160
39 Days	2	0.4	69	1.1	68	97.7	17	17	99.1	10	1.0	5,891	154
40 Days	2	0.4	75	1.2	74	98.7	18	17	98.7	12	1.2	6,187	156
41 Days	1	0.3	60	0.9	59	98.2	15	15	99.3	10	1.0	6,722	167
42 Days	2	0.3	68	1.1	66	97.4	18	18	98.0	12	1.2	7,124	174
43 Days	1	0.3	57	0.9	56	97.8	14	14	98.9	9	0.9	7,015	166
44 Days	1	0.3	57	0.9	55	96.9	13	13	99.1	9	0.9	7,026	164
45 Days	1	0.3	58	0.9	57	97.9	14	13	98.6	9	0.9	6,775	153
46 Days	1	0.2	55	0.9	53	96.7	13	13	97.8	8	0.8	6,954	156
47 Days	1	0.2	54	0.8	52	96.2	13	13	99.1	9	0.9	7,659	169
48 Days	1	0.2	50	0.8	49	97.7	12	12	99.2	8	0.8	7,444	158
49 Days	1	0.2	49	0.8	48	97.5	11	11	98.2	7	0.7	7,024	147
50 Days	1	0.2	44	0.7	42	97.0	11	11	98.4	7	0.7	8,178	168
51 Days	1	0.2	40	0.6	39	97.2	10	10	98.9	7	0.7	8,710	175
52 Days	1	0.2	39	0.6	38	95.8	9	9	98.5	6	0.6	8,159	163
53 Days	1	0.1	33	0.5	32	97.2	9	9	97.4	6	0.6	8,801	170
54 Days	1	0.2	45	0.7	44	97.3	11	10	96.8	7	0.7	7,991	152
55 Days	1	0.2	44	0.7	42	96.4	11	11	98.8	8	0.8	9,737	183
56 Days	1	0.1	34	0.5	33	96.7	8	8	97.4	5	0.5	8,478	156
57 Days	1	0.1	35	0.6	35	99.0	9	9	99.5	6	0.6	8,872	157
58 Days	1	0.1	32	0.5	32	97.7	8	8	97.8	5	0.5	9,798	172
59 Days	*	0.1	29	0.5	28	96.3	7	7	97.9	4	0.4	9,009	158
60 Days	1	0.1	30	0.5	28	94.9	8	8	98.4	5	0.5	9,662	169
61 to 65 Days	2	0.4	130	2.0	125	95.9	31	30	98.1	20	1.9	9,510	157
66 to 70 Days	1	0.3	95	1.5	92	96.2	22	21	98.0	15	1.4	10,846	165
71 to 75 Days	1	0.2	88	1.4	83	94.2	21	20	96.7	13	1.2	10,800	157
76 to 80 Days	1	0.2	81	1.3	77	94.7	21	21	97.2	12	1.2	11,759	159
81 to 85 Days	1	0.1	55	0.9	51	92.2	14	13	97.0	9	0.9	13,164	172
86 to 90 Days	1	0.1	51	0.8	47	91.8	12	11	95.8	7	0.7	12,113	150
91 to 100 Days	1	0.1	66	1.0	60	91.3	14	14	96.6	9	0.9	12,233	141
101 to 125 Days	1	0.2	124	1.9	110	88.9	27	25	94.8	15	1.4	13,837	141
126 to 150 Days	*	0.1	44	0.7	34	77.9	9	8	87.8	5	0.5	15,576	147
151 to 175 Days	*	0.0	23	0.4	16	68.0	5	3	75.2	2	0.2	***	***
176 Days and Over	*	0.1	80	1.3	30	37.0	10	5	47.9	3	0.3	11,285	112

TABLE VI

Discharges by Major Diagnostic Group: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Major Diagnostic Group	ICDA CODE 1/	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
				Total Days		Covered Days		Total	Covered	Total	Covered				
		Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Discharges															
Total, All Diagnoses	---	7,768	100.0	84,251	100.0	82,984	98.5	10.9	10.7	$16,552	$16,313	98.6	$12,045	$1,551	$145
Infective and Parasitic Diseases	000-136	155	2.0	1,447	1.7	1,416	97.8	9.4	9.2	257	252	98.1	190	1,228	134
Neoplasms	140-239	793	10.2	9,899	11.8	9,751	98.5	12.5	12.3	2,052	2,022	98.5	1,520	1,917	155
Endocrine, Nutritional and Metabolic Diseases	240-279	222	2.9	2,489	3.0	2,448	98.4	11.2	11.0	416	410	98.6	327	1,474	133
Diseases of Blood and Blood-forming Organs	280-289	81	1.0	814	1.0	799	98.1	10.1	9.9	152	149	98.0	112	1,388	140
Mental Disorders	290-315	141	1.8	1,855	2.2	1,794	96.7	13.1	12.7	273	265	97.0	242	1,711	134
Diseases of Nervous System and Sense Organs	320-389	435	5.6	2,655	3.2	2,620	98.6	6.1	6.0	545	537	98.6	379	871	144
Diseases of Circulatory System	390-458	2,066	26.6	23,550	28.0	23,219	98.6	11.4	11.2	4,797	4,740	98.8	3,408	1,650	146
Diseases of Respiratory System	460-519	627	8.1	6,349	7.5	6,275	98.8	10.1	10.0	1,285	1,269	98.8	891	1,421	141
Diseases of Digestive System	520-577	834	10.7	8,405	10.0	8,327	99.1	10.1	10.0	1,714	1,694	98.8	1,210	1,450	145
Diseases of Genitourinary System	580-629	520	6.7	4,860	5.8	4,817	99.1	9.3	9.3	964	952	98.8	693	1,331	143
Diseases of the Skin and Subcutaneous System	680-709	89	1.2	1,125	1.3	1,099	97.7	12.6	12.3	184	180	97.7	149	1,677	135
Diseases of Musculoskeletal System and Connective Tissue	710-738	296	3.8	3,429	4.1	3,379	98.6	11.6	11.4	613	602	98.2	481	1,625	142
Congenital Anomalies	740-759	10	0.1	95	0.1	93	97.9	9.4	9.2	20	20	98.0	14	1,421	154
Symptoms and Ill-Defined Conditions	780-796	251	3.2	2,148	2.6	2,117	98.6	8.6	8.4	442	434	98.3	317	1,260	149
Accidents, Poisonings, and Violence	800-999	580	7.5	7,576	9.0	7,410	97.8	13.1	12.8	1,391	1,365	98.2	1,056	1,821	142
Codes Unknown	---	667	8.6	7,555	9.0	7,421	98.2	20.2	20.0	1,448	1,422	98.2	1,055	1,582	142

TABLE VI (continued)

Discharges by Major Diagnostic Group: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Major Diagnostic Group	ICDA CODE 1/	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
				Total Days		Covered Days		Total	Covered	Total	Covered				
		Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
With Surgery															
Total, All Diagnoses	---	2,573	100.0	32,522	100.0	32,219	99.1	12.6	12.5	$7,606	$7,516	98.8	$5,201	$2,021	$161
Infective and Parasitic Diseases	000-136	17	0.7	263	0.8	261	99.2	15.8	15.7	63	62	98.7	43	2,566	163
Neoplasms	140-239	437	17.0	5,940	18.3	5,900	99.3	13.6	13.5	1,367	1,351	98.8	964	2,204	163
Endocrine, Nutritional and Metabolic Diseases	240-279	36	1.4	636	1.9	627	98.6	17.8	17.5	129	127	98.8	95	2,650	151
Diseases of Blood and Blood-forming Organs	280-289	11	0.4	175	0.5	174	99.1	16.0	15.9	39	38	98.8	27	2,469	155
Mental Disorders	290-315	8	0.3	172	0.5	167	97.0	20.8	20.2	32	31	97.6	26	3,117	154
Diseases of Nervous System and Sense Organs	320-389	334	13.0	1,695	5.2	1,687	99.5	5.1	5.1	389	385	98.9	254	761	150
Diseases of Circulatory System	390-458	279	10.9	4,753	14.6	4,691	98.7	17.0	16.8	1,384	1,370	99.0	861	3,080	183
Diseases of Respiratory System	460-519	65	2.5	919	2.8	907	98.7	14.1	14.0	246	243	98.8	154	2,374	170
Diseases of Digestive System	520-577	381	14.8	4,815	14.8	4,790	99.5	12.6	12.6	1,115	1,104	99.0	756	1,983	157
Diseases of Genitourinary System	580-629	352	13.7	3,422	10.5	3,409	99.6	9.7	9.7	725	717	98.9	512	1,456	150
Diseases of the Skin and subcutaneous System	680-709	32	1.3	459	1.4	451	98.3	14.3	14.0	86	85	97.9	66	2,058	146
Diseases of Musculoskeletal System and Connective Tissue	710-738	104	4.0	1,538	4.7	1,526	99.2	14.8	14.7	337	332	98.6	248	2,387	162
Congenital Anomalies	740-759	5	0.2	53	0.2	52	99.3	9.8	9.7	13	13	98.4	9	1,632	168
Symptoms and Ill-defined Conditions	780-796	56	2.2	665	2.0	659	99.2	11.8	11.7	162	160	98.7	111	1,959	167
Accidents, Poisonings, and violence	800-999	257	10.0	4,379	13.5	4,306	98.3	17.0	16.7	918	904	98.4	664	2,582	154
Codes Unknown	---	197	7.7	2,638	8.1	2,613	99.1	24.6	24.5	601	593	98.7	411	2,086	157

TABLE VI (continued)

Discharges by Major Diagnostic Group: Use, Charges, and Reimbursements for Patients With Surgery and Without Surgery, 1977

Major Diagnostic Group	ICDA CODE 1/	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
				Total Days		Covered Days		Total	Covered	Total	Covered				
		Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Without Surgery															
Total, All Diagnoses	---	5,195	100.0	51,729	100.0	50,765	98.1	10.0	9.8	$8,946	$8,798	98.3	$6,845	$1,317	$134
Infective and Parasitic Diseases	000-136	138	2.7	1,184	2.3	1,154	97.5	8.6	8.4	194	190	97.9	147	1,067	127
Neoplasms	140-239	355	6.8	3,958	7.7	3,852	97.3	11.1	10.8	685	671	98.0	556	1,565	144
Endocrine, Nutritional and Metabolic Diseases	240-279	186	3.6	1,853	3.6	1,821	98.3	10.0	9.8	287	283	98.5	232	1,248	127
Diseases of Blood and Bloofforming Organs	280-289	70	1.3	639	1.2	625	97.9	9.2	9.0	113	111	97.8	85	1,219	136
Mental Disorders	290-315	133	2.6	1,683	3.3	1,627	96.7	12.6	12.2	241	234	97.0	216	1,624	132
Diseases of Nervous System and Sense Organs	320-389	101	2.0	960	1.9	932	97.1	9.5	9.2	155	152	97.8	125	1,237	134
Diseases of Circulatory System	390-458	1,786	34.4	18,798	36.3	18,528	98.6	10.5	10.4	3,414	3,370	98.7	2,548	1,426	137
Diseases of Respiratory System	460-519	562	10.8	5,430	10.5	5,367	98.9	9.7	9.6	1,039	1,026	98.8	737	1,311	137
Diseases of Digestive System	520-577	453	8.7	3,590	6.9	3,537	98.5	7.9	7.8	599	590	98.5	454	1,002	128
Diseases of Genitourinary System	580-629	168	3.2	1,438	2.8	1,409	98.0	8.5	8.4	239	234	98.2	180	1,070	127
Diseases of the Skin and Subcutaneous System	680-709	57	1.1	666	1.3	648	97.2	11.7	11.4	98	95	97.5	83	1,461	128
Diseases of Musculoskeletal System and Connective Tissue	710-738	192	3.7	1,891	3.7	1,854	98.0	9.8	9.6	276	269	97.7	233	1,213	125
Congenital Anomalies	740-759	5	0.1	42	0.1	41	96.2	8.9	8.6	7	7	97.4	6	1,182	138
Symptoms and Illdefined Conditions	780-796	195	3.8	1,483	2.9	1,458	98.3	7.6	7.5	279	274	98.0	206	1,057	141
Accidents, Poisonings and Violence	800-999	323	6.2	3,197	6.2	3,104	97.1	9.9	9.6	472	462	97.8	392	1,214	126
Codes Unknown	---	471	9.1	4,917	9.5	4,808	97.8	18.1	17.8	847	829	97.8	644	1,367	134

1/"International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases, 1968," 8th Ed.

TABLE VII

Discharges by Major Surgical Categories and Sex: Use, Charges, and Reimbursements for Patients With Surgery, 1977

Major Surgical Group	CPT Number[1]	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
				Total Days		Covered Days		Total	Covered	Total	Covered				
		Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
All Discharges															
Total, All Procedures	---	2,573	100.0	32,522	100.0	32,219	99.1	12.6	12.5	$7,606	$7,516	98.8	$5,201	$2,021	$161
Integumentary System	010-048	139	5.4	1,610	5.0	1,585	98.5	11.6	11.4	318	313	98.2	234	1,689	147
Musculoskeletal System	050-181	279	10.8	5,172	15.9	5,095	98.5	18.6	18.3	1,037	1,020	98.4	775	2,784	152
Respiratory System	190-223	107	4.2	1,558	4.8	1,541	98.8	14.6	14.4	436	431	98.9	274	2,567	178
Cardiovascular System	230-258	148	5.8	2,241	6.9	2,222	99.2	15.1	15.0	855	849	99.2	481	3,241	216
Hemic and Lymphatic Systems	260-269	20	0.8	301	0.9	299	99.2	14.8	14.7	71	71	98.9	50	2,465	168
Digestive System	270-373	562	21.9	7,977	24.5	7,917	99.2	14.2	14.1	1,860	1,840	98.9	1,267	2,254	160
Urinary System	380-403	271	10.5	2,897	8.9	2,875	99.2	10.7	10.6	611	604	98.9	439	1,620	152
Male Genital System	410-432	187	7.3	2,164	6.7	2,155	99.6	11.6	11.5	443	438	99.0	323	1,730	150
Female Genital System	440-487	88	3.4	815	2.5	813	99.7	9.3	9.2	164	162	98.9	120	1,366	147
Endocrine System	490-499	9	0.4	84	0.3	84	99.9	9.4	9.3	20	20	99.1	14	1,540	164
Nervous System	500-539	43	1.7	751	2.3	741	98.6	17.5	17.3	180	178	98.5	129	3,006	173
Eye	540-584	299	11.6	1,428	4.4	1,424	99.7	4.8	4.8	326	322	99.0	211	704	148
Ear	590-603	10	0.4	50	0.2	50	98.9	5.0	5.0	12	12	98.5	8	776	155
Codes Unknown	---	411	16.0	5,473	16.8	5,421	99.0	13.3	13.2	1,272	1,256	98.7	875	2,128	161
Men															
Total All Procedures	---	1,244	100.0	15,307	100.0	15,169	99.1	12.3	12.2	3,764	3,721	98.9	2,505	2,015	165
Integumentary System	010-048	42	3.3	501	3.4	487	97.4	12.3	11.9	103	101	97.8	74	1,821	152
Musculoskeletal System	050-181	86	7.0	1,596	10.4	1,570	98.4	18.5	18.2	333	327	98.4	243	2,816	154
Respiratory System	190-223	70	5.7	1,016	6.6	1,004	98.8	14.5	14.3	289	285	99.0	180	2,560	179
Cardiovascular System	230-258	86	6.9	1,263	8.3	1,254	99.3	14.7	14.6	507	503	99.2	280	3,267	223
Hemic and Lymphatic Systems	260-269	11	0.9	166	1.1	166	99.6	15.1	15.0	41	41	99.1	29	2,614	174
Digestive System	270-373	285	22.9	3,737	24.4	3,707	99.2	13.1	13.0	905	895	98.9	601	2,111	162
Urinary System	380-403	176	14.2	1,836	12.0	1,826	99.5	10.4	10.4	398	394	99.0	281	1,595	153
Male Genital System	410-432	186	14.9	2,150	14.0	2,140	99.6	11.6	11.5	440	435	99.0	321	1,730	149
Female Genital System	440-487	1	0.1	15	0.1	15	100.0	12.9	12.9	4	4	99.5	3	2,202	171
Endocrine System	490-499	2	0.2	18	0.1	18	100.0	10.1	10.1	5	5	99.2	3	1,878	185
Nervous System	500-539	20	1.6	370	2.4	367	99.0	18.5	18.3	93	94	98.9	65	3,249	177
Eye	540-584	116	9.3	537	3.5	536	99.7	4.6	4.6	125	124	99.0	80	690	149
Ear	590-603	5	0.4	27	0.2	26	98.2	5.3	5.2	7	7	98.1	4	816	156
Codes Unknown	---	159	12.8	2,075	13.6	2,052	98.9	13.1	12.9	516	509	98.7	341	2,142	165

TABLE VII (continued)

Discharges by Major Surgical Categories and Sex: Use, Charges, and Reimbursements for Patients With Surgery, 1977

Major Surgical Group	CPT Number[1]	Discharges		Days of Care				Mean Length of Stay (In Days)		Charges			Reimbursements		
				Total Days		Covered Days		Total	Covered	Total	Covered				
		Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent Distribution	Number (In Thousands)	Percent of Total Days	Per Discharge	Per Discharge	Amount (In Millions)	Amount (In Millions)	Percent of Total Charges	Amount (In Millions)	Per Discharge	Per Covered Day
Women															
Total All Procedures	---	1,329	100.0	17,215	100.0	17,050	99.0	13.0	12.8	$3,842	$3,794	98.8	$2,695	$2,027	$158
Integumentary System	010-048	98	7.4	1,109	6.4	1,098	99.0	11.3	11.2	215	212	98.5	160	1,634	145
Musculoskeletal System	050-181	192	14.5	3,576	20.8	3,525	98.6	18.6	18.3	704	693	98.4	532	2,769	150
Respiratory System	190-223	37	2.8	542	3.2	536	98.9	14.8	14.7	147	145	98.8	94	2,580	175
Cardiovascular System	230-258	63	4.7	978	5.7	968	99.0	15.6	15.4	349	346	99.2	201	3,205	207
Hemic and Lymphatic Systems	260-269	9	0.7	135	0.8	133	98.6	14.5	14.3	30	30	98.5	21	2,290	160
Digestive System	270-373	278	20.9	4,240	24.6	4,210	99.3	15.3	15.2	956	945	98.9	666	2,400	158
Urinary System	380-403	94	7.1	1,061	6.2	1,048	98.8	11.2	11.0	213	210	98.7	157	1,667	150
Male Genital System	410-432	1	0.1	15	0.1	15	100.0	11.0	11.0	3	3	99.3	2	1,751	158
Female Genital System	440-487	87	6.5	800	4.7	798	99.7	9.2	9.2	161	159	98.9	117	1,355	147
Endocrine System	490-499	7	0.5	66	0.4	66	99.9	9.2	9.1	15	15	99.0	10	1,454	159
Nervous System	500-539	23	1.7	380	2.2	374	98.3	16.7	16.4	87	86	98.1	64	2,792	170
Eye	540-584	184	13.8	891	5.2	888	99.7	4.9	4.8	200	198	98.9	131	714	147
Ear	590-603	5	0.4	23	0.1	23	99.7	4.8	4.8	6	6	99.0	4	735	154
Codes Unknown	---	252	19.0	3,399	19.7	3,369	99.2	13.5	13.4	756	746	98.8	535	2,119	158

[1]"Current Procedural Terminology," 1st Ed., American Medical Association, 1966.

TABLE VIII
Persons Discharged by Age, Race, and Sex: Number of Hospital Stays, Use, Charges, and Reimbursements, 1977

Age, Race, and Sex	Persons with Hospital Stays (in Thousands)				Mean Days of Care for Persons with:				Total Charges per Person (in Dollars)				Reimbursement per Person (in Dollars)			
	All Stays	1 Stay	2 Stays	3 or More	All Stays	1 Stay	2 Stays	3 or More	All Stays	1 Stay	2 Stays	3 or More	All Stays	1 Stay	2 Stays	3 or More
All Persons																
Total	5,259	3,657	1,059	543	16.0	10.7	22.5	39.3	$3,147	$2,130	$4,415	$7,524	$2,290	$1,518	$3,246	$5,626
65 to 69 Years	1,439	1,014	277	147	14 7	9.5	21.0	38.9	3,089	1,988	4,474	8,068	2,184	1,377	3,176	5,874
70 to 74 Years	1,281	888	256	137	15.7	10.2	22.1	39.3	3,181	2,099	4,491	7,741	2,289	1,473	3,261	5,752
75 to 79 Years	1,084	744	224	116	16.5	11.0	22.8	39.9	3,212	2,192	4,421	7,426	2,352	1,568	3,270	5,604
80 to 84 Years	821	565	171	85	17.2	11.9	23.6	39.4	3,189	2,259	4,352	7,036	2,377	1,647	3,296	5,387
85 Years and Over	635	446	130	58	17.3	12.4	24.2	38.8	3,047	2,248	4,214	6,546	2,318	1,679	3,260	5,095
Men	2,280	1,550	473	257	15.9	10.4	21.8	38.3	3,338	2,217	4,587	7,799	2,345	1,520	3,249	5,662
65 to 69 Years	702	485	139	77	14.8	9.4	20.7	38.1	3,296	2,097	4,698	8,306	2,257	1,406	3,217	5,878
70 to 74 Years	597	404	124	69	15.8	10.1	21.5	38.4	3,388	2,217	4,643	7,994	2,365	1,505	3,270	5,776
75 to 79 Years	457	306	97	54	16.5	10.8	22.2	38.5	3,410	2,295	4,595	7,615	2,408	1,575	3.274	5,591
80 to 84 Years	306	206	66	35	16.9	11.5	22.7	38.6	3,343	2,331	4,448	7,276	2,414	1,641	3,259	5,418
85 Years and Over	219	149	47	23	17.1	11.9	23.4	37.8	3,179	2,287	4,287	6,730	2,349	1,647	3,226	5,129
Women	2,979	2,106	586	286	16.1	10.9	23.1	40.2	3,001	2,066	4.276	7,277	2,248	1,516	3,244	5,594
65 to 69 Years	737	529	138	70	14.6	9.5	21.4	39.7	2,892	1,887	4,246	7,807	2,114	1,350	3,135	5,871
70 to 74 Years	685	484	133	68	15.7	10.3	22.6	40.2	3,001	2,000	4,350	7,485	2,222	1,447	3,252	5,727
75 to 79 Years	627	438	127	62	16.6	11.2	23.3	41.1	3,068	2,119	4,287	7,262	2,310	1,563	3,268	5,616
80 to 84 Years	515	359	106	50	17.3	12.1	24.2	40.0	3,097	2,218	4,292	6,870	2,355	1,651	3,320	5,366
85 Years and Over	416	297	83	35	17.4	12.7	24.6	39.5	2,977	2,228	4,172	6,427	2,302	1,695	3,279	5,072
White																
Total	4,744	3,292	958	494	15.9	10.6	22.2	39.0	3,119	2,103	4,368	7,465	2,267	1,497	3,207	5,577
65 to 69 Years	1,283	903	248	133	14.5	9.3	20.7	38.5	3,056	1,956	4,420	7,994	2,155	1,350	3,130	5,807
70 to 74 Years	1,154	798	232	125	15.5	10.0	21.8	39.0	3,148	2,064	4,436	7,699	2,260	1,447	3,209	5,710
75 to 79 Years	983	673	204	106	16.4	10.9	22.6	39.6	3,179	2,159	4,367	7,363	2,326	1,542	3,229	5,557
80 to 84 Years	753	517	158	78	17.1	11.8	23.5	39.2	3,166	2,242	4,316	6,987	2,361	1,634	3,271	5,355
85 Years and Over	571	400	117	53	17.2	12.4	24.0	38.6	3,034	2,240	4,190	6,493	2,308	1,673	3,242	5,051
Men	2,052	1,392	427	234	15.7	10.2	21.5	38.0	3,309	2,186	4,544	7,741	2,318	1,494	3,207	5,605
65 to 69 Years	625	431	125	70	14.6	9.3	20.4	37.7	3,266	2,062	4,661	8,233	2,227	1,375	3,177	5,806
70 to 74 Years	534	360	111	62	15.5	9.9	21.2	38.0	3,356	2,174	4,599	7,962	2,332	1,471	3,218	5,723
75 to 79 Years	412	276	88	49	16.3	10.6	21.9	38.3	3,374	2,258	4,536	7,557	2,376	1,543	3,221	5,540
80 to 84 Years	281	189	60	32	16.8	11.4	22.6	38.1	3,322	2,320	4,414	7,212	2,396	1,631	3,230	5,371
85 Years and Over	199	136	43	21	17.0	11.8	23.3	37.6	3,166	2,283	4,260	6.683	2,338	1,644	3,204	5,084
Women	2,692	1,900	532	260	16.0	10.8	22.8	39.9	2,974	2,042	4,226	7,218	2,228	1,499	3,208	5,552
65 to 69 Years	659	472	123	63	14.4	9.4	21.1	39.4	2,857	1,859	4,178	7,731	2,087	1,328	3,083	5,809
70 to 74 Years	620	438	120	62	15.5	10.2	22.3	40.0	2,968	1,973	4,284	7,437	2,199	1,427	3,201	5,697
75 to 79 Years	571	398	116	57	16.5	11.1	23.1	40.8	3,038	2,090	4,240	7,196	2,289	1,542	3,235	5,571
80 to 84 Years	471	328	97	46	17.2	12.0	24.1	39.9	3,073	2,197	4,255	6,832	2,340	1,636	3,297	5,344
85 Years and Over	371	265	75	32	17.3	12.6	24.5	39.3	2,963	2,217	4,150	6,369	2,292	1,688	3,264	5,029

TABLE VIII (continued)
Persons Discharged by Age, Race, and Sex: Number of Hospital Stays, Use, Charges, and Reimbursements, 1977

Age, Race, and Sex	Persons with Hospital Stays (in Thousands)				Mean Days of Care for Persons with:				Total Charges per Person (in Dollars)				Reimbursement per Person (in Dollars)			
	All Stays	1 Stay	2 Stays	3 or More	All Stays	1 Stay	2 Stays	3 or More	All Stays	1 Stay	2 Stays	3 or More	All Stays	1 Stay	2 Stays	3 or More
All Other Races																
Total	382	270	75	37	17.6	12.1	25.4	42.6	$3,509	$2,439	$5,029	$8,293	$2,581	$1,759	$3,740	$6,274
65 to 69 Years	109	79	21	10	16.7	11.3	24.6	43.1	3,486	2,344	5,136	9,060	2,536	1,683	3,744	6,753
70 to 74 Years	99	70	19	10	17.5	11.8	25.8	42.7	3,577	2,476	5,172	8,440	2,622	1,764	3,874	6,394
75 to 79 Years	81	57	16	8	18.3	12.7	26.0	42.8	3,620	2,556	5,116	8,196	2,670	1,855	3,809	6,188
80 to 84 Years	52	36	11	5	18.4	12.7	25.4	42.3	3,478	2,483	4,805	7,536	2,585	1,806	3,620	5,774
85 Years and Over	40	28	8	4	18.4	12.9	25.5	41.4	3,218	2,318	4,524	7,194	2,415	1,707	3,417	5,605
Men	177	124	36	18	17.8	12.1	25.1	42.2	3,673	2,547	5,105	8,509	2,665	1,807	3,744	6,377
65 to 69 Years	55	39	11	5	16.9	11.4	24.1	43.3	3,631	2,444	5,140	9,311	2,602	1,732	3,678	6,836
70 to 74 Years	50	35	10	5	17.8	12.0	25.5	42.4	3,746	2,631	5,203	8,542	2,725	1,842	3,886	6,512
75 to 79 Years	37	26	8	4	18.5	12.9	26.2	40.6	3,803	2,672	5,317	8,206	2,760	1,910	3,868	6,135
80 to 84 Years	20	14	4	2	18.5	12.6	24.6	43.3	3,604	2,526	4,743	8,001	2,641	1,811	3,540	5,990
85 Years and Over	15	10	3	2	18.3	12.7	25.5	40.5	3,362	2,379	4,630	7,245	2,495	1,713	3,496	5,595
Women	204	147	39	19	17.5	12.1	25.7	43.1	3,337	2,347	4,960	8,081	2,508	1,719	3,735	6,172
65 to 69 Years	54	40	10	5	16.5	11.2	25.2	42.9	3,406	2,244	5,131	8,781	2,469	1,635	3,817	6,660
70 to 74 Years	49	35	9	4	17.2	11.6	26.1	43.1	3,465	2,325	5,139	8,323	2,518	1,688	3,862	6,258
75 to 79 Years	44	31	8	4	18.2	12.6	25.9	45.0	3,400	2,462	4,934	8,187	2,593	1,810	3,755	6,240
80 to 84 Years	32	22	6	3	18.3	12.8	25.9	41.6	3,130	2,457	4,844	7,192	2,550	1,802	3,671	5,613
85 Years and Over	25	18	5	2	18.0	13.0	25.5	42.0	3,366	2,283	4,455	7,157	2,368	1,704	3,366	5,613

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